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THE

AMERICAN PRACTITIONER:

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THE AMERICAN PRACTITIONER.

JULY, 1872.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

Original Communications.

THREE CASES OF DOUBLE OVARIOTOMY.

BY T. GAILLARD THOMAS, M. D.,

Professor of Obstetrics and Diseases of Women and Children in the College of Physicians and Surgeons, New York.

An experience of twenty-seven* operations of ovariotomy has furnished me with three cases in which it was necessary to remove both ovaries. These I here group together and publish with the carefully-kept records of the house physicians of the Strangers' Hospital, in which institution all the operations were performed.

CASE I.

Recorded by Dr. E. L. TRUDEAU, House Physician.

E. W., aged thirty-one, United States, domestic, admitted Tuesday, January 10, 1871; family history in every respect good. Began to menstruate at sixteen, and has been regular up to time of admission. Had always been perfectly healthy

* Fourteen of these cases have now appeared in print. The remaining thirteen are being prepared for publication.

up to two years ago, when she noticed that the right side of her abdomen was larger than the left. It continued to grow steadily up to January 28, 1870, when she was tapped. Previous to the tapping she had suffered much from constipation, dyspepsia, and loss of appetite, together with frequent attacks of headache, confined mostly to the left side and to the temporal region. Since the tapping she has been very much relieved. Her appetite has improved, and she has been in very good general health. At no time has she suffered from dyspnœa. She was treated for flatulence, dyspepsia, and "torpid liver" for nearly a year before the correct diagnosis was made.

On admission. Patient is in good general condition; appetite good, pulse regular and strong. The abdomen is distended by a large fluid tumor, which reaches nearly from the ensiform cartilage to the symphysis pubis. The patient states that the tumor is not as large as it was before the tapping in June last. She was operated on by Dr. Thomas on Friday, January 13th, at 3 P. M., the operation lasting one hour and thirty minutes.

Operation. The patient being placed under ether, an incision was made from above the umbilicus nearly to the symphysis and down to the peritoneum. After all oozing had ceased the peritoneum was opened, a grooved director introduced, and the incision increased to about three inches. Immediately under the incision, and nearly in the median line, were found two very large veins, and the marks of the tapping about three lines from them. The membrane exposed was reddish and very vascular, and was supposed to be the proper wall of the cyst. A sound was then introduced and swept around the tumor, discovering a few strong adhesions at the upper part, but was unable to pass below. It was then thought that this tissue was not the cyst proper, but a peritoneal covering. An incision was therefore made through it, and the white, glistening cyst was exposed. The covering

was found to be only slightly attached. A trocar and canula were introduced, and a large quantity of clear fluid withdrawn; quantity not known. After this the tumor was enucleated from the covering, which was found to be very thin posteriorly, and quite thick and vascular in some parts. The cyst having been taken out and a portion of the envelope being cut off, the rest was tied with a firm ligature and returned. A portion of the omentum, which was attached above, and which had been torn off, was also tied, and the superfluous portion removed. The stump being returned, the peritoneal cavity cleaned, and all clots removed, the wound was brought together with silver sutures, a tent of lint being placed in the lower portion to keep it open.

Before closing the abdominal wound the operator, in accordance with his invariable habit, examined the right ovary. This was found to be as large as a small orange, being enlarged by a number of cysts. A double silk ligature having been passed by a Peaslee's needle through the pedicle, this was ligated in halves and the ovarian tumor cut away. The pedicle was then returned to the abdomen, and the wound closed by silver sutures.

After-operation. The patient was ordered five minims Magendie's sol. morph. hypodermically, also complete rest in bed, and morphine enough by the mouth to keep her quiet; the bladder to be kept empty by frequent use of the catheter; milk and ice *ad libitum.* 5:15 P. M., patient has now recovered from the effects of the ether, but is suffering greatly from shock; temperature 94.5°; the pulse very weak, scarcely perceptible; ordered seven-minim hypodermic injection. 6 P. M., patient improving; morphia, one fourth grain, by the mouth. 9:30 P. M., the patient has vomited repeatedly. The temperature has risen steadily until the present, when it is 98.5°. Pulse 84, and weak.

January 14th — Patient vomited twice during the night; took ten ounces of milk; did not sleep. 9 A. M., the use of

the hypodermic syringe was resumed, apparently causing less vomiting than medication by the mouth. 5 P. M., has taken one pint of milk during the day, also ice *ad libitum;* catheter still used.

January 15th—Patient doing very well, quiet and comfortable. In the evening a slight bloody discharge was noticed from the vagina.

January 16th—Patient rather restless; doing well.

January 17th—Stitches were removed at 10 A. M.; union throughout whole extent, except where the tent was placed.

January 18th, P. M.—Patient had a slight chill.

January 19th—Patient is doing very well, though she has not slept well for several nights. Ordered bromide of potassium and chloral hydrate, each ten grains.

January 20th—Patient slept well all night; was greatly refreshed. Linen was changed to-day for the first time since operation.

January 21st—Patient took solid food to-day for the first time. Menses began.

January 22d—Bowels moved by injection. Use of the catheter discontinued.

January 24th—Patient doing very well. Menses ceased; flow was not very abundant.

February 22d—Patient has been upon tonics and stimulants, with nourishing food, and is now ready to go out.

The improvement has been marked and very rapid. The wound is not quite healed, a small sinus leading down into the abdominal cavity. It is, however, growing smaller day by day, and no further trouble is anticipated. Patient discharged cured.

The little sinus leading to the abdominal cavity gradually closed, and after some months the patient returned from her home in the country to report herself entirely well. Since that time she has married. Since her recovery from the effects of the operation she has never menstruated.

CASE II.

Reported by Dr. M. D. MANN, House Physician.

E. B. P., aged twenty-seven, married, born in North Carolina; admitted July 10, 1871. Patient has been married a number of years, but has never been pregnant. She noticed about a year ago some swelling in the right side of the abdomen, which slowly increased, gradually occupying the median line. Her general health suffered but little during this time. Some inconvenience from the weight and size of the tumor, occasional headaches, and slight constipation of the bowels constituted all her complaints. During the last four months, however, great changes have occurred. The tumor began to grow very rapidly, constipation became very obstinate, the legs began to swell, and marked emaciation ensued. The patient estimates the loss of flesh during this short period at thirty pounds. The appetite has continued to be fair throughout, and she reports herself in good spirits.

On admission. Patient is a woman of nervous temperament. She is anæmic and greatly emaciated. Pulse 80, and quite strong. She presents a large swelling in the abdomen, the latter measuring about thirty-six inches in circumference. Percussion note flat over the front of the abdomen; fluctuation distinct. The tumor pronounced to be an ovarian cyst.

July 12th—Operated on by Dr. Thomas at 3:30 P. M.

Operation. The patient having been etherized, an incision of about three inches was made in the median line down to the surface of the tumor. A large sound was then swept over its surface, and as strong adhesions were discovered at the extreme upper portion of the sac, the incision was prolonged to five inches. The lower portion of the sac was unattached, but the upper was firmly adherent to the diaphragm and omentum. These attachments had to be broken with great care, and the vessels opened were secured by silk ligatures. The only low attachment was one to the appendix vermiformix. The cyst was then tapped, and a large amount

of greenish fluid, resembling pea-soup, evacuated. After the emptying of the large cyst the operator cut through its wall, and inserting his hand and arm opened a number of smaller ones. The sac was then readily drawn out of the abdomen. The pedicle was now inclosed in a Spencer Wells clamp, and the sac cut off. The other ovary was discovered to be as large as an orange, and filled with cysts, one of which had broken and turned itself inside out. The surface thus everted was covered by a dendritic, papillomatous-looking mass, exactly similar to what existed within the large sac of the other ovary, and within other sacs of the same ovary. Through the pedicle of this tumor a Peaslee's needle was passed, a double silk ligature drawn into place, the two halves of the pedicle tied, and the mass cut away. Ten minims Mag. sol. morph. were injected under the skin, and the patient sent to bed.

July 12th, 8 P. M.—Patient vomiting. Pulse 116, respiration 17, temperature 98.5°. Complains of pain in abdomen. Has not yet recovered from the ether. Morphia to-day, seven eighths of a grain.

July 13th, 3 A. M.—Perfectly easy; no pain at all. Urine drawn every four hours. 9 A. M., pulse 84, respiration 16, temperature 98.5°; felt a little chilly. 1:45 P. M., complains of great pain in the lower part of abdomen, and is very tired. 8 P. M., morphine during the day, two grains.

July 14th, 9 A. M.—Vomited during the night. Semi-narcotized; pupils contracted; respiration 12. 8 P. M., feels comfortable; morphine, one grain and three fourths.

July 15th—Very comfortable. Morphia, one grain and three fourths.

July 16th—Slept well; suffers no pain.

July 17th—Complains of giddy feeling in head. Ordered brandy with her milk.

July 18th—Vital signs not so favorable; tympanites more marked; says she feels well; appetite good. 6 P. M., pulse 136, tongue dry; restless; temperature 106.1° at 12 P. M.

July 19th, 9 A. M.—Pulse 152, temperature 105.7°. Says she feels well. Patient rolled and tossed about during the night. Delirious; tongue dry, cracked, and covered with a whitish-brown fur; tympanites marked; subsultus tendinum; pupils contracted. 11 A. M., seen by Dr. Brown, who syringed out the abdominal cavity with solution of salt and water (one drachm to one ounce), having opened a portion of the wound and evacuated twelve ounces of a limpid fluid, yellowish-brown in color, and with no odor. 12:30 P. M., pulse 144, temperature 103.5°; sighing; says she feels well. 1:45 P. M., patient wanted to be lifted up; could not breathe; pulseless at the wrist; pulse in carotids 160. Ordered amm. carb., ten grains, every fifteen minutes, with brandy. Patient expected to die at any moment. Skin bathed in cold perspiration; a death-like countenance; patient vomiting repeatedly. Carbon. amm. given per rectum. Grew easier toward night; pulse came up, and quite distinct at the wrist by 8 P. M.

July 20th, 2:15 A. M.—Suddenly complained of great pain in the abdomen, commencing below and spreading all over. There is nausea, but no vomiting. Patient groaning. Gave hypodermic injection of seven minims sol. morph. 9 A. M., patient in great pain; very restless; vomited freely a dark-colored fluid after taking medicines and brandy, which were again administered by the rectum; Dr. Brown washed out the abdomen. 9 P. M., feels better; abdomen syringed out again and an enema administered, which caused a free passage, the first since the operation.

July 21st—Continued pain in abdomen; enema repeated.

July 22d—Patient has spent the best night since the operation; feels easy to-day.

July 23d—Patient doing well. Some fluid in peritoneum removed; opening drawn together with adhesive plaster.

July 24th—Slight colicky pains in the abdomen, subsiding after repeated vomiting during the night. Had a free movement of the bowels, and feels well.

July 25th—Slept very well; some of the sutures removed; ordered solid food.

July 26th—Rested well; bowels open; tongue clean; heart-force irregular; the œdema in the legs (noticed before the operation) subsiding.

July 27th—Three passages to-day; restless toward night; continue morphine; fluid again accumulating in abdomen.

July 28th—Slept well; enjoys solid food; some suppuration from site of sutures.

July 29th—Some pain about the bladder; urinates every hour; ordered liq. potass. and tinct. hyoscyam.; last stitch removed by Dr. Brown.

July 30th—Ordered quinia, two grains three times a day; morphia decreased; appetite good.

July 31st—Holds her water for several hours.

August 1st—Not so well to-day; suffers a good deal from pain in the bladder.

August 2d—Several ounces of extremely fetid fluid were found to have escaped from the wound. Catheter introduced into the peritoneal cavity and twelve ounces drawn off; cavity then thoroughly washed with weak solution of carbolic acid; patient felt much better after it.

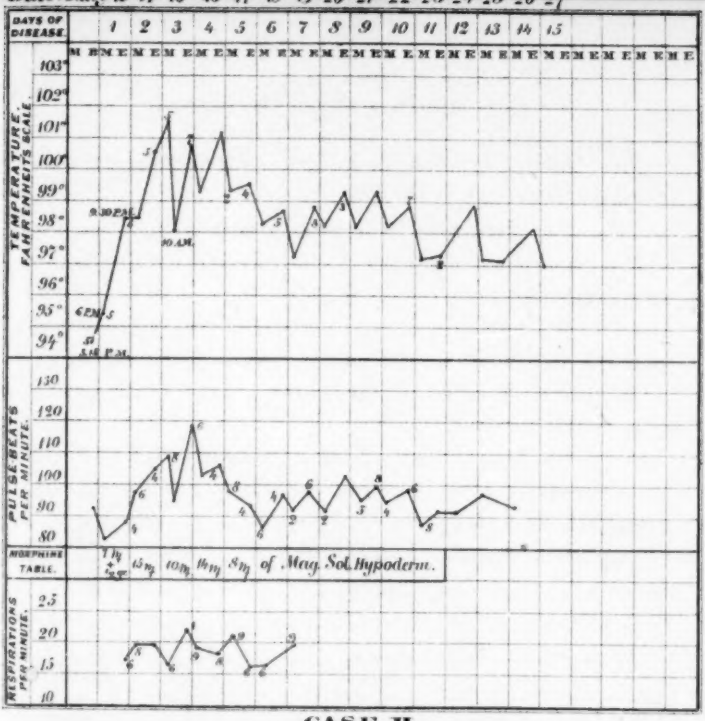
August 4th—Slept well; excellent appetite; cavity washed out with solution of hyposulphite of soda, ten grains to one ounce of water.

August 5th—Felt well all day; sat up fifteen minutes; has a little cough. Temperature went up very high in the evening; pain and giddiness in the head. Stopped quinia and washed out abdomen.

August 6th—No sleep last night; headache, especially in occiput; brown fur on the tongue; resumed fluid food; cold compresses to head.

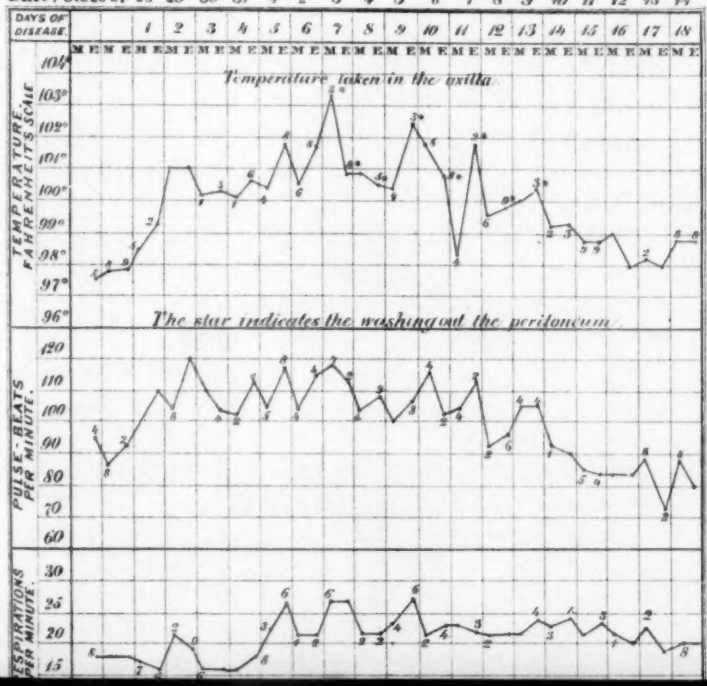
August 7th—Feels a great deal better; had a good night's rest; appetite good; put on solid food again.

August 8th—Felt pretty well during the day, but became

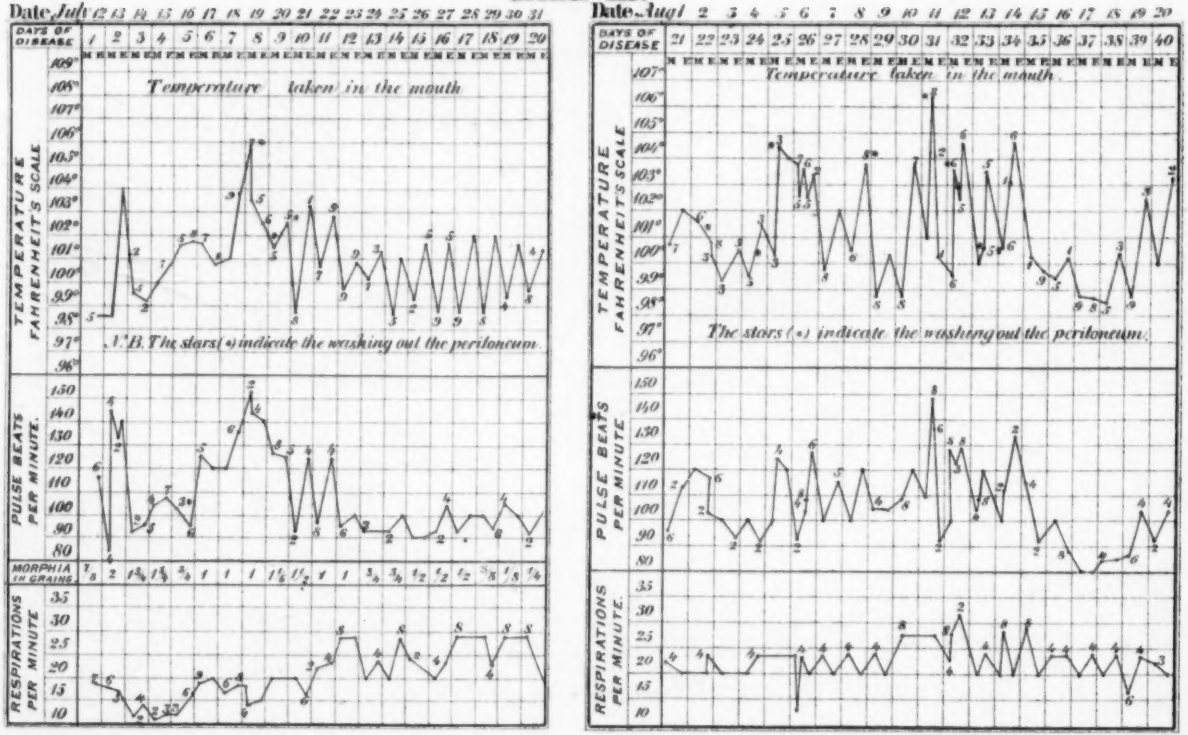


CASE II.

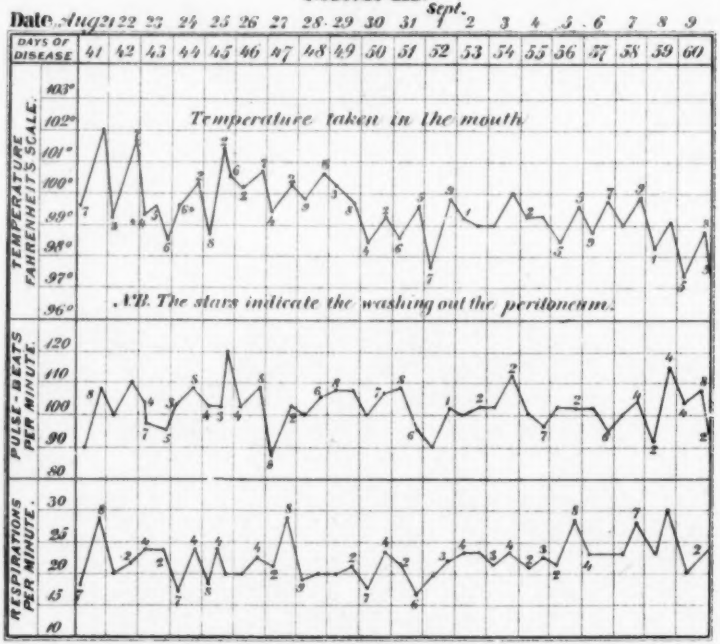
Date, Oct 26 27 28 29 30 31 Nov. 1 2 3 4 5 6 7 8 9 10 11 12 13 14



CASE III.


Date July 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
DAYS OF DISEASE 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20
TEMPERATURE FAHRENHEIT'S SCALE
Temperature taken in the mouth
N.B. The stars (*) indicate the washing out the peritoneum
PULSE BEATS PER MINUTE.
MORPHIA IN GRAINS
RESPIRATIONS PER MINUTE
Date Aug 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20
DAYS OF DISEASE 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40
TEMPERATURE FAHRENHEIT'S SCALE
Temperature taken in the mouth
The stars (*) indicate the washing out the peritoneum
PULSE BEATS PER MINUTE
RESPIRATIONS PER MINUTE.

CASE III.


Date Aug 21 22 23 24 25 26 27 28 29 30 31 Sept. 1 2 3 4 5 6 7 8 9
DAYS OF DISEASE 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60
TEMPERATURE FAHRENHEIT'S SCALE.
103° 102° 101° 100° 99° 98° 97° 96°
Temperature taken in the mouth
N.B. The stars indicate the washing out the peritoneum.
PULSE-BEATS PER MINUTE.
120 110 100 90 80
RESPIRATIONS PER MINUTE.
30 25 20 15 10

restless toward night; pulse and temperature ran very high; washed out abdomen with great relief; ordered champagne; continued small doses of morphine.

August 9th—Temperature fallen five degrees since last night; appetite excellent.

August 10th—Sat up an hour.

August 11th—Had a chill about 9:45 A. M.; some sorenesss about the abdomen; coughs. 11:30 A. M., pulse 148, respiration 28, temperature 106.2°; physical examination of chest: left side—dullness over base of lung behind, crepitant and subcrepitant râles, vesicular respiration here and there, vocal fremitus slightly diminished, bronchial râles after coughing; right side—thorax below angle of scapula almost flat, no râles nor bronchial respiration. Catheter introduced into the abdominal cavity, and about twelve ounces of a bloody and purulent fluid evacuated; no smell about it; injected solution of hyposulphite of soda; ordered muriate of ammonia, morphine, and champagne. The patient is suffering from œdema of the lungs, and is not expected to live through the night. 2:30 P. M., pulse 136, respiration 28, temperature 104.2°; feels perfectly easy. 8 P. M., pulse 92, respiration 25, temperature 100.1°; comfortable; morphine, one half grain.

August 12th—Vital signs favorable; some rise in temperature at noon; syringed abdomen about 3:30 P. M.; evacuated about one half ounce of fluid, almost colorless and odorless; while injecting patient cried out in great agony; operation stopped; ordered morphine and champagne; in a short time a very fetid fluid began to escape; repeated the injection, bringing away highly offensive pus; temperature fell a little after it; patient complains of great pain in the bowels, and has her legs drawn up; temperature went up again at night.

August 13th—Passed a pretty good night; temperature going up; washed out the abdomen; suffers great pain, and coughs; ordered paregoric, sirup of tolu, and sirup of wild cherry.

August 14th—Washed out abdomen; patient complained of great pain afterward, and vomited; temperature at 5 P. M. 104.6°; morphine continued.

August 15th—Great improvement; patient felt easy all day; wound discharged some fetid fluid.

August 16th—Improving.

August 17th—Complains of night-sweats; ordered ar. sul. acid with quinine, also sponging.

August 18th—Night-sweats checked.

August 19th—Doing quite well.

August 20th—Put again on solid food.

August 21st—Doing well; enjoyed food.

August 22d—Some pain on micturition; ordered liquor potass.; appetite excellent.

August 23d—Restless last night; the wound discharged about eight ounces of very fetid pus; washed out the abdominal cavity thoroughly.

August 24th—Abdominal cavity washed out again.

August 25th—Temperature going up; washed out the abdominal cavity, which gave her some pain; leg and thigh œdematous and painful; some sweating at night.

August 31st—The œdema in leg less.

September 6th—No fever; appetite good; walks round the room; brandy reduced.

September 12th—Doing very well.

September 25th—Steadily improved and gained strength since last note; been out riding and walking; is perfectly well; eats heartily, sleeps well, and is in excellent spirits; wound in abdomen has healed; some œdema remains in left leg and thigh, extending up to the pubes; within a day or two some slight puffiness has been observed about the ankle of the other leg; discharged.

October 7th—Letter received from patient in North Carolina. She stood the journey home extremely well, and is improving in every way.

CASE III.

Reported by Dr. HUGO KUENTZLER, House Physician.

Mary B., aged thirty-eight, Ireland, admitted October 18, 1871. Patient has been married seventeen years; has had eight children. Eighteen months ago her youngest child was born. At that time a tumor of small size was found situated in the right iliac fossa by her physician, but patient did not discover it until a month afterward, when it was the size of her fist. It has grown slowly and steadily. Patient states that last July the tumor attained its largest size, and has since somewhat diminished. For the last three months she has suffered a great deal from restlessness and disturbed sleep. The menses, which formerly lasted only for a day or two, have of late been present for nearly two weeks. Appetite has been pretty fair; has lost some flesh and a good deal of strength.

On admission. Patient in tolerably good health; pulse about 100; slight œdema of feet and legs; abdomen measures thirty-eight inches in circumference, and contains a large fluid tumor, probably a multiple cyst, extending up to the ensiform cartilage, which it pushes upward and forward; complete flatness over the whole abdomen; umbilical depression not effaced; fluctuation very distinct.

October 24th—Ordered fluid diet, and the bowels to be thoroughly cleaned out.

October 25th—Ordered pil. opii., one grain every six hours, until time of operation.

October 28th—Operated on by Dr. Thomas, Drs. Peaslee, Sims, Emmet, and Nott being present. Patient being fully etherized, the bladder was emptied, and the abdomen again examined by the gentlemen present. An incision was made in the median line about five inches long, midway between the umbilicus and the symphysis pubis, involving the skin and superficial fascia. The linea alba being fairly exposed, a tenaculum was then hooked into it at a convenient spot, where it was nicked with a pair of scissors, a grooved director

then pushed through it, and the various layers of fascia divided with the scalpel and scissors until the peritoneum was reached. After all oozing had ceased this was divided, exposing the glistening surface of the cyst. An ordinary steel sound was then introduced to ascertain the character and extent of adhesions which might exist. At the accessible portion of the tumor these were so close that a peritoneal cavity could not be said to exist, the sound detaching the adhesions without the use of much force. The anterior part of the cyst being thus freed from its attachments, the sound was then passed around the posterior and inferior portion without meeting with any obstruction. A trocar and canula were now thrust into the cyst, and twelve quarts of a dirty, brown fluid, "like bad coffee," evacuated, care being taken not to allow any to escape into the peritoneal cavity. An examination of the fluid showed that hemorrhage (probably recent) had taken place from the walls of the cyst. The cyst was now grasped with a pair of forceps, and removed from the peritoneum as far as its pedicle would allow. The latter, long enough to reach the opening in the abdomen, was included in a clamp, and the cyst cut off closely over it. The pelvis being examined, it was found that the tumor originated in the right ovary, and that the left ovary was also diseased; that is, decidedly enlarged in its substance, and studded with larger and smaller cysts, the largest among them about half an inch in diameter. This ovary was accordingly removed in the following manner: a temporary clamp (Dawson's) was applied to the pedicle in order to constrict the tissues to the utmost extent, and just below a double silk ligature was tied around it, after which the clamp was removed and the pedicle returned. The wound in the abdomen was now closed with twelve silver-wire sutures (Peaslee's needle used), an open space left for the clamp, and a pledget of lint introduced into the peritoneum just above the clamp, and attached to the latter by a thread, to allow drainage, if

that should be necessary, and firm compression made on the abdomen by a couple of folded towels (one laid on each side of the wound), firmly secured by broad bands of adhesive plaster carried around the body. The operation, from the primary incision to the introduction of the sutures, lasted just twenty-two minutes, and the hemorrhage attending it was so little as to require no attention whatever. Patient had a good pulse throughout the operation, and rallied well from the ether. 6 P. M., pulse 100, temperature 99°; sulph. morph., one fourth grain, substituted for pil. opii., and repeated every three or four hours.

October 29th—Doing well; feels very comfortable; temperature 101°; pulse somewhat over 100, but strong; suffers no pain; is inclined to sleep; bears morphine well; is fed every two or three hours with milk and beef-tea; bladder emptied with catheter every four hours.

October 30th—Pledget of lint removed, and a perforated hard-rubber tube substituted; end of pedicle has commenced to slough; strong carbolic acid applied to it, and a piece of lint soaked in a solution of carbolic acid applied to the wound. 5 P. M., sweating considerably, but in other respects is quite comfortable.

October 31st—Patient has not a single bad symptom; sleeps the greater part of the time; is in excellent spirits, and states that she has not been so comfortable for many months.

November 1st, 6 P. M.—Does not feel quite so well; some abdominal distension, but no pain; morphine increased.

November 2d—Better to-day; complains of nothing.

November 4th—Still improving; stitches, except two, removed; wound is gradually healing; clamp came away to-day by itself; pedicle sinking into the wound; some offensive discharge continues, which is daily washed away; rubber tube, which serves as a tent, is still kept in the wound, but the discharge does not find its way through it; morphine continued in moderate doses.

November 6th—Remaining sutures removed; patient had a small passage from the bowels; enema of warm water administered; still continues milk and beef-tea.

November 9th—Wound gradually healing; patient feels quite weak; the bowels regulated by enemata and castor-oil; ordered sherry, six ounces, daily.

November 10th—No fever to-day; patient weak; anthrax on the shoulder since the operation; the skin of the body, especially the abdomen, has been assuming a dark hue, like that of a mulatto; the face and extremities are likewise discolored.

November 13th—Patient still weak; no fever for some days; pulse gaining strength; morphine stopped.

November 17th—Wound almost healed; patient sat up in bed three hours yesterday.

November 23d—Since last date patient has steadily improved; sits up, walks about the ward, and does light work, knitting, etc.

November 28th—Wound has entirely healed; patient has gained flesh and strength steadily since last date. Discharged cured.

THE BROMIDE OF QUININE IN SYPHILIS.

BY DAVID W. YANDELL, M. D.

In a paper contributed to the Practitioner by Dr. B. W. Richardson, in July, 1871, on the organic bromides, he stated that the bromide of quinine was a valuable remedy in cases where certain special and persistent symptoms follow upon syphilis. He alluded especially to those insidious phenomena which those medical men who have lived long enough to have seen years of practice trace back to a syphilitic basis,

hereditary or acquired. A case of recurrent rheumatism of this nature, a case of recurring ulceration of the fauces, a case of general nervous exhaustion, with flying pains in the limbs, loss of hair, and remaining thickening and enlargement in the groin, a sequence of bubo; these have been instances in which the administration of the bromide of quinine, in doses of from two to three grains three times a day, has been more immediately and determinedly beneficial than any other treatment Dr. R. had practiced himself, or seen practiced by his brethren in physic, in such forms of disease.

Since the appearance of the above paper I have had an opportunity of verifying the observation of Dr. Richardson in seven cases of syphilis, in the stage in which he found the remedy so useful.

Case I. A river-man, aged fifty, contracted syphilis seventeen years ago. He had undergone treatment much of the time, but had never been entirely relieved. He had flying pains in the limbs so severe as oftentimes to prevent his sleeping. His hair was dead; much of it had fallen out. He was greatly exhausted and largely under weight. He had taken large quantities of iodide of potassium daily for many years; indeed he had been unable much of the time to do without it; but it had finally seemed to lose its effect, as he expressed it, and he found more comfort in the use of the compound decoction of sarsaparilla, in doses of four ounces three times a day, and cod-liver oil, than any of the many remedies he had in his extremity resorted to. He had despaired of getting well, and thrown up his situation. The bromide of quinine, in doses of three grains four times daily, removed the pains and lessened the exhaustion in four days. At the end of a week, the patient complaining of cinchonism, the remedy was given but three times a day in doses of two grains, and was continued steadily in this way for three months, when, having regained his health and flesh, he considered himself well, and was discharged.

CASE II. An overworked professional man, aged thirty-eight, a syphilitic for five years, had, as the only traces of the disease, repeated attacks of nervous exhaustion, loss of weight, and ulceration of the fauces, which recurred at frequent intervals. Two grains of the bromide of quinine, taken three times a day, appreciably benefited but did not altogether relieve him. The dose of the medicine was now doubled, with the best effect; but, as in Case I., cinchonism occurred in ten days, when the dose was reduced to three grains, and given in that quantity for thirteen weeks, the patient meanwhile gaining thirty pounds in weight and escaping any further trouble.

CASE III. The mother of three children contracted syphilis from her husband in 1867. She had taken mercury, potash, iron, and cod-liver oil, but notwithstanding had never considered herself as cured. Her complexion was muddy, while before it had been strikingly fair; and her hair, though it had not fallen out, was dead-looking. She had occasional attacks of flying pains in different parts of the body, habitual dryness and at times ulceration of the throat. Two grains of the bromide of quinine, midway between meals and at bed-time, effected notable improvement in three days. The medicine continued for three months accomplished a cure.

CASE IV. An accountant, aged thirty-four, had secondary trouble in 1861. A course of mercury and potash relieved him so far that he entered the Confederate army and served till the close of the war, without having a single outbreak of his disease. Thinking himself well, he married in 1866. His wife, a stout young woman, had three miscarriages; the first at three months, the second at four months, and the third at the end of the fifth month. The husband and wife now both applied to me, and were put on mercurial inunctions, followed by a liberal use of potash and quinine. Two years after the wife gave birth, at full term, to a living, well-developed, and healthy child. Six months after this event the husband had ulceration of the fauces. Potash and iron

internally, and much local medication, did but little if any good. Large quantities of the compound decoction of sarsaparilla seemed to benefit him more than anything else, but he still had frequent ulceration of the fauces. Three months of the bromide of quinine, in doses at first of four grains, then of three grains, and finally of two grains three times daily, seemed to rid him of every trace of his disease, his improvement dating from the first week of the treatment.

Case V. A lady, aged twenty-two years, had two healthy children and then a miscarriage, all in pretty quick succession. Soon after the latter event the husband underwent a course of treatment for secondary syphilis. The wife had, from her description, a well-marked syphilitic exanthem. Two years after all this I was consulted by the wife in regard to an obstinate sore throat, falling of the hair, and extreme nervous exhaustion, from which she had been a frequent sufferer. Iron, potash, quinine, and the liberal use of the compound decoction of sarsaparilla improved her general condition, arrested the alopecia, and relieved the sore throat; but a short time after the latter trouble returned, accompanied by flying pains here and there, and a deep fissure in the tongue. The treatment adopted in Case IV. was followed by the same happy results.

Case VI. A commercial man got syphilis in 1864. Seven years after, when I first saw him, he had a sallow skin and ulceration of the fauces as his most noticeable troubles. Ninety days' treatment with the bromide of quinine and iron removed every trace of his malady in four months, and he has since continued uninterruptedly well.

Case VII. A commercial man, thirty-five years old, caught syphilis in 1868. After undergoing the usual treatment for the greater part of twelve months, he was pronounced sound by two physicians, and got married. In 1870 he had a furious attack of iritis, for which he was placed under my care. The wife gave birth, at five months, to a dead child. She had at

the time mucous patches in the mouth, and condylomata upon the vulva. The husband was slow in regaining his health, but finally did so, and has remained seemingly well up to this time. The wife, on the other hand, recovered very quickly, and again became pregnant, but only to miscarry at the end of three months. Iron, quinine, a few mercurial inunctions, and change of air quite restored her, and she returned home in the early autumn in good health and spirits. After a few weeks of fashionable dissipation, however, she had a rheumatic attack; and this, before she was fairly through it, was followed by ulceration of the fauces. She was now put on the bromide of quinine, in doses of two grains three times a day, with the sirup of the bromide of morphia, to be taken when she was especially nervous or unable to sleep. The first of these remedies she continued to use daily for two months. Since then she has taken it the first fifteen days in every month for four months. She is now seven months advanced in pregnancy, and, besides being free from every evidence of her old trouble, she has become more robust than at any time since her marriage.

The bromide of quinine used in the above cases was given in the form of sirup made according to the formula of Dr. Richardson.* Since that time Dr. Thos. E. Jenkins, pharmaceutist, of this city, has prepared an elixir of the same strength, which he thinks possesses some advantages over the sirup.

* American Practitioner, September, 1871.

LOUISVILLE.

CASES OF ENLARGED GALL-BLADDER AND EXTRA-RENAL CELLULITIS.

BY S. LITTELL, M. D.

Mrs. T., aged fifty-six years, a widow lady, of large frame, and subject to occasional paroxysms of gout, after complaining for some weeks of pain and uneasiness in the right hypochondrium, was more severely attacked, in the early part of April, 1871, with what was supposed to be acute hepatitis, for which she was promptly and appropriately treated. The disease notwithstanding continued its course unchecked, and rigors, with jaundice, early supervened. At this juncture I saw her in consultation. Her skin was everywhere deeply suffused, and there was great precordial distress, with much sympathetic disturbance of the whole system. All these symptoms, in a considerable degree, diminished under treatment; the discoloration gradually disappeared, the local suffering became less intense, and the general reaction abated, if indeed it did not entirely subside. Under these circumstances of cheering augury I discontinued my attendance at the end of two weeks, the consultation being no longer necessary, with the understanding, however, that I was to be recalled if my assistance again became desirable. Five or six weeks elapsed before I saw her again. There was then a swelling in the right side, a short distance below the ribs, evidently containing fluid. This tumor, according to our diagnosis, was formed by the gall-bladder, greatly enlarged and distended by its contents. Not deeming it prudent to open it then lest extravasation should take place within the cavity of the peritoneum, further proceedings were postponed for awhile to allow time for the formation of adhesions to the abdominal parieties; and when, a few weeks later, paracentesis was performed, more than a quart of a thick, brownish fluid was

drawn off, consisting in nearly equal proportion of bile and purulent matter. The operation was followed by great temporary relief; and, the puncture remaining open, fluid of the same nature and color continued to be discharged, frequently in considerable quantity, until her death, which occurred from exhaustion and inanition—irritability of the stomach preventing due nutrition—on the 22d of August.

The autopsy fully confirmed the diagnosis. The gall-bladder was enormously enlarged, measuring seven inches in length, and in its widest part five inches in breadth; extending down into the iliac region, and filling all the space between the right side of the vertebral column and the parieties of the abdomen; to the peritoneal covering, of which it was closely adherent. It had become everywhere thickened or hypertrophied, and its lining membrane had entirely lost its villous texture, assuming throughout very much the appearance of the walls of an abscess. The lower and narrower part of the cavity was traversed by several bands of lymph; but this portion, which was three or four inches in length—giving the whole interior a capacity of at least ten inches—although not separated from the other by any apparent line of demarcation, had evidently been formed by the rupture of the fundus of the bladder. The whole cavity contained more than a quart of matter, composed of mingled bile and pus, like that already described. The intestines, dislodged from their position on the right side, were crowded toward the left, pressing upon and displacing to some extent the contents of the pelvis. A gall-stone, with roughened surface, about the size of an acorn was found in the cavity, along with one or two other very minute concretions, and furnishes not improbably the rationale of the symptoms. The irritation caused by the presence of the calculus culminated eventually in inflammation; the congestion thence arising, together with the mechanical obstruction interposed, led to an accumulation of bile. As the walls, softened by disease, lost their power of

resistance and yielded to the pressure of their contents, the stone fell back from the neck, and thus allowed small quantities of bile to pass through the duct—for at no period of the complaint were the fœces wanting in their natural color—while, the distension continuing and increasing, the gall-bladder itself ultimately attained the great size above stated. The left lobe of the liver was extremely small, having the appearance, indeed, of a mere appendage, and was no doubt a congenital malformation. It contained a small purulent deposit, but in other respects was not unhealthy. The right lobe was of usual size, and presented no appreciable alteration, except that it was perhaps of rather darker color than natural.

W. N. A., aged sixty-seven years, of short stature, slender form, and frail appearance, though really in the enjoyment of general good health, was attacked, in March, 1870, with pain in the region of the right kidney, frequent micturition, and bloody urine, attended, however, with little or no constitutional reaction. The symptoms were at first blush, supposed to arise from a calculus; but the more definite diagnosis was soon made of inflammation of the cellular tissue surrounding the kidney, or extra-renal cellulitis. The feebleness of the patient, as well as the low grade of action, forbade general depletion or the very vigorous employment of any other antiphlogistic measures. Such as were used, however, failed to arrest the disease, though the kidneys gradually resumed their normal secretion; and attention was early drawn to a tumefaction on the right side of the spinal column. As this became more prominent and its nature more evident, a free incision was made by a bistoury, and exit given to about four ounces of purulent matter. The opening gradually assumed a fistulous character, and the orifice would sometimes close; the discharge ceasing for several days, a week, and even for longer periods. He had at considerable and irregular intervals paroxysms of vomiting, during which whitish, fetid, and

pultaceous matter was discharged in large quantities. A similar substance was also sometimes passed by stool, and his dejections throughout evinced a total absence of healthy bile. At one time he had an attack of pneumonia, affecting the lower lobe of the right lung. The general indisposition indeed manifested a strange migratory and fugitive tendency, first one part and then another becoming temporarily involved. Appetite and digestion were impaired; the lower limbs became œdematous, subsequently regaining their natural condition; and, worn out by suffering, the poor patient died, greatly emaciated, after a protracted illness of fifteen months.

On opening the abdomen the first object which attracted notice was the liver, yellowish, enlarged, and reaching almost to the iliac region; the fatty degeneration which it had undergone sufficiently explaining its functional disability, as well as the anomalous symptoms observed during life. A large globular mass, about the size of a cocoa-nut, occupied the situation of the right kidney. On being divided, this was found to consist of extra-renal cellular tissue, so greatly hypertrophied as to preserve its form notwithstanding the pressure of surrounding parts; and inclosed in its half-empty cavity, like a kernel loose in its shell, the kidney, of natural size and healthy structure.

PHILADELPHIA.

INDIGESTION AND ITS MANAGEMENT.

BY BRADFORD S. THOMPSON, M. D.,
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READ BEFORE THE MEDICAL LIBRARY AND JOURNAL ASSOCIATION OF NEW YORK.

Dyspepsia, or indigestion, is an affection of very ordinary occurrence, and its management sometimes proves exceedingly perplexing to the practitioner. It is not necessary to enter minutely into its history, as it is accurately laid down in the various text-books and by writers on this subject.

Symptoms. Most commonly it is accompanied by nausea, vomiting, sour regurgitations, a sense of constriction about the throat, cardialgia, gastrodynia, pyrosis, constipation, chilliness, pallor, languor, an irregular pulse, and disturbed sleep. The power of digestion is not always uniform; on the contrary, it is sometimes very feeble, at other times preternaturally creased. The appetite may be depraved, the patient eating chalk, unripe fruit, etc. The disposition, if the disease continue any length of time, becomes very irritable. These are the ordinary symptoms of indigestion; but, besides these, there are occasionally others which are denominated *anomalous.* One of these is an acute pain in the chest and head, with no little perversion of vision. The effects are sometimes very extraordinary as regards the eyes. The writer had a case under his observation where everything appeared to the patient double; in another every object seemed inverted; and in another total blindness came on, which continued for twenty-one hours. The latter patient, a Conch woman, of Key West, Fla., aged forty-seven, was in the habit of eating prodigiously of a salad made from the indigestible conch, which abounds in that latitude.

Indigestion is also sometimes associated with a great degree of vertigo, and is liable to be confounded with apoplexy.

Another anomalous symptom is palpitation of the heart, so violent as to be taken for an aneurism. The late Dr. Wistar, of the University of Pennsylvania, saw a lady from Charleston, S. C., who was suspected by the practitioners who first attended her of having an aneurism of the aorta. So great was the palpitation in this case that it lifted the bedclothes at every pulsation. By removing the indigestion with which she was suffering, at the end of three months she was ordered home entirely cured of the supposed aneurism.

The causes of dyspepsia are two-fold: 1. Such as act directly on the stomach; 2. Such as act through the medium of the general system. Among the first may be mentioned eating and drinking certain articles, such as strong tea or coffee, acrid substances, and gross, indigestible food. The immoderate use of opium and tobacco, in all their forms, often produces it. Those causes which operate through the medium of the general system are as follows: intense study, attention to business within doors, excessive venery, grief, and exposure to cold. These are the chief causes which produce *idiopathic* dyspepsia; but sometimes it is only *symptomatic*, arising from a diseased condition of the liver and its appendages.

Confessedly few diseases are more perplexing to the practitioner than the one under consideration. In detailing the best mode of treatment, the first indication, when acute indigestion presents itself from the presence of completely insoluble vegetable fiber, is to evacuate the contents of the stomach by emetics. By this procedure that viscus is not only relieved from noxious substances, but the organization is prepared for the operation of other remedies. Ipecacuanha and warm water and mustard, by the common consent of practitioners, are to be employed for this purpose. They are sufficiently active, and besides exert a permanent impression against that condition of the system or stomach by which the disease is kept up. As coöperating in the same design are laxatives;

but with regard to the selection some discrimination is requisite. All of the saline as well as the drastic purgatives are to be avoided. The only exception is rhubarb, which in very many cases may be advantageously administered. Indeed it seems to be particularly adapted to cases of this character by its tonic property. The only objection to this remedy is that it is apt to leave behind a tendency to constipation, which, however, is obviated by the combination of calcined magnesia or bicarbonate of soda.

The condition of the alimentary canal being rectified, tonics are then to be resorted to. Many of the vegetable bitters are very useful, particularly gentian, quassia, hop, and columbo. The hop and quassia were much employed, with success, in many cases under our observation during the late civil war. Of all the tonics the hop, or its active principle, lupulin, is perhaps decidedly the best when dyspepsia arises from drunkenness or debauchery. Dr. James R. Wood's formula is to be recommended in the latter cases:

℞. Tinct. valerian aromat., . . . } āā ℥ ij;
Lupulin, ... }
Tinct. cardamom., ... ℥ ss.
M. S.—A tea-spoonful as required.

In ordinary cases the mineral tonics are preferable, particularly the chalybeate preparations. The carbonate of iron, in doses of ten grains, with a small proportion of the fluid extract of ginger, may be prescribed with utility; but the sulphate of iron, after repeated experience, is the most efficacious of the chalybeates, and should be given, in the form of pills, according to the subjoined formula:

℞. Ferri sulph., ... ℥ j;
Acaciæ Arabicæ, ... gr. xxx.

This is to be made into thirty pills, one of which may be administered three or four times in twenty-four hours. Mr. McIntyre, of this city, a reliable druggist, prepares a nice

preparation of cinchona and sulphate of iron, called elixir cinchona (ferrated).

Such are the remedies employed in many cases of indigestion; but there are symptoms occurring which demand a different mode of treatment. One of these is *cardialgia*, vulgarly called *heart-burn*. In this deflection emetics are to be avoided, the symptom being dependent on a superabundant acidity of the stomach. The remedies best adapted for this symptom are calcined magnesia, lime-water, milk, or any of the alkalies. The following prescription is very pleasant and serviceable:

℞. Potassæ subcarbonat., ... } āā ʒ ij;
Spirit. lavend. comp., ... }
Sacchar. alb., ... ʒ j;
Tinct. opii, ... gtt. xxx;
Aquæ, ... ℥ iij ss.

M. S.—A table-spoonful as often as the case demands.

In this state of derangement the stomach is frequently thrown into violent spasms called *gastrodynia*. Here we must have recourse to McMunn's elixir of opium, creosote, carbolic acid in doses of one to two drops in mucilage, or morphia hypodermically administered. In the case of the late Hon. Geo. M. Dallas a large goblet of milk always afforded relief. To prevent a recurrence of the paroxysm a few drops of turpentine in mucilage internally and a linseed poultice are very effective. A large sinapism is to be applied over the region of the stomach when the pain is violent and the preceding have failed. Sinapisms are useful in chronic as well as in acute affections of the stomach, and in the present instance they produce no less signal effects.

Pyrosis. This is a very extraordinary affection, and is endemial to some parts of the world, as Iceland, Norway, and Greenland. It prevails also throughout the Highlands of Scotland, as well as in the western section of our country. Linnæus attributed it to smoked beef and a primitive mode

of living; but this is not always the case, as it is frequently met with in the higher circles. Sometimes it has no ostensible cause. In this country it generally arises from an excess in eating or drinking. According to Chambers, "the liquid proceeds from the salivary glands."

In the treatment of pyrosis, or water-brash, the antacids are to be resorted to, particularly the saccharated solution of lime-water and milk—

℞. Liquoris calcis saccharati, . f. ʒ j–iv;
Lactis, ad., ... f. ℥ iv. M.

It may be well to remember that the addition of fifteen grains of bicarbonate of soda to the quart of milk not only prevents it from turning sour, but renders it more digestible. In this case much has been said of opium, but not much can be said in its praise. It sometimes allays spasm, and that is all. Much more may be expected from liquor potassæ and lime-water, bismuth, or carbolic acid. A single emetic is many times very useful, not only in evacuating, but also in changing the action of the stomach. Heberden, many years ago, advocated eight or ten grains of kino with half a grain of opium, and Tanner and others have since advocated this mode of procedure.

Indigestion, whether in its more simple form or associated with one or more of the symptoms which have been enumerated, is often exceedingly intractable, and sometimes will not yield to ordinary remedies. There is in many of these cases no organic affection of the stomach or disordered condition of the chylopoiëtic viscera. Under these circumstances it appears to be established and riveted by long-continued habit. To meet this indication nothing is so efficacious as calomel in small doses; but it requires courage to call it by name in these days of eclecticism and homeopathy.

Dr. Chambers's favorite tonic in chronic indigestion is quinine in two-grain doses, in lemon-juice sufficient to dissolve it, and diluted with water to a convenient bulk. Its action

seems to be principally on the mucous membrane of the mouth, œsophagus, and stomach, which it astringes and tones up to a healthy state, restraining the secretion of mucus, and making the special secretions more active. To quinine he usually adds from one twenty-fourth to one twentieth of a grain of hydrochlorate of strychnia, unless there are some contraïndications to its use. In children especially the use of Boudault's pepsin wine can be highly recommended. This is prepared, from pure pepsin, according to the formula of Dr. Corvisart, and is very palatable. Each dose possesses fully the digestive power of fifteen grains of the powder. This preparation, I state with much confidence, is superior to all other preparations of pepsin in use. It should be given immediately before a meal.

To complete the description of indigestion attention is called to some of its uncommon forms. One of these is frequently met with, but is only mentioned by one or two authors. It is a slow, *chronic inflammation of the stomach*, and was formerly attributed to intemperance by Dr. Chapman, of Philadelphia; but, it having been observed in persons strictly temperate, this opinion is no longer entertained. It is distinguished by pain at the pit of the stomach, quick pulse, dry cough, a slow fever, and wasting of the body. It resembles very much pulmonary tuberculosis, and may be confounded with that disease. Small doses of ipecacuanha may be beneficially employed, but so minute as not even to create nausea. Given in this way it acts, as the older writers would say, as an alterative; changing the morbid condition of the stomach, and restoring its natural and healthy character. This remedy was first advocated in affections of the stomach, about a century ago, by Dormitian, a French writer.

Another variety of this disease is that which is occasioned by the *inordinate use of spiritous liquors*. This form is marked by great irritability of the stomach, flatulence, vomiting, the food being rejected at once or partially digested. These symp-

toms may be very suddenly induced, and almost as suddenly removed, by the use of opium or morphia, tincture of valerian, dry sherry, and the Hungarian wines. In this form, when death is occasioned, dissection reveals a considerable organic affection of the stomach, having a smooth, leaden hue, with the mucous coat destroyed by the continued application of alcohol to its surface.

In these violent cases there is always great gastric distress and vomiting. By the use of proper remedies the stomach generally recovers its tone and healthy action; but to establish a permanent cure the habits of the individual must be changed, and great attention paid to a proper course of diet and all habits of life.

As the stomach is the immediate seat of the disease and the receptacle for the food, nothing appears to be more clearly indicated than the propriety of selecting those articles which are the least disagreeable to that organ. Compared with every other course of living, a milk diet is decidedly to be preferred. It will often of itself effect a cure, and there is scarcely a symptom which it will not relieve. In gastrodynia, cardialgia, and pyrosis it is eminently useful. On account of certain idiosyncrasies it sometimes can not be employed, but it is believed such cases are rare.

It has been objected to milk that when rejected from the stomach it sometimes appears coagulated; but even in the most healthy stomach it coagulates as soon as the gastric juice begins to act upon it. This occurs in the first stage of digestion. Indeed without undergoing this alteration digestion and assimilation could not be carried on. This can not therefore constitute a valid objection to the use of milk. At first the patient may imagine that he does not derive benefit from it; on the contrary, temporary oppression. It should not be abandoned too hastily, for this will soon be overcome by a continuation in its use. Cordovin long ago remarked that when milk at first disagrees with the stomach

it is a certain indication that the patient demands a milk diet. Cases nevertheless may occur where, from the prejudices of the patient or from real injury, its employment would not be advisable. Under such circumstances there should be no hesitation in substituting chocolate. It is of much importance that this be properly prepared, and the best mode is the following: first boil the chocolate in water and set it aside to cool, then skim, reboil, bring to the table, and pour it on sugar and cream. In this way the feculent and oily matter is avoided, and it is rendered exceedingly digestible. Neither tea nor coffee should be allowed. For dinner, beef-essence, mutton, chicken, turkey, white-fish, or oysters may be recommended. Neither pork, ham, veal, duck, nor any of the salt meats are ever admissible in this affection. Soups are generally distressing and injurious, especially if badly made. The proper vegetables for the patient are roasted potatoes, boiled rice, tomatoes, and asparagus. Every species of dessert ought to be carefully avoided. The bread used should be toasted, or the Boston cracker substituted. Under no circumstances should butter be used.

Dr. Thos. King Chambers suggests the following ladder of meat diet: "Whey, milk and lime-water, milk and water, plain milk, milk and sago, milky rice-pudding, beef-tea, plain mutton-broth or chicken-broth, Scotch broth, turtle-soup, sweet-bread, boiled fish, especially water souchy, boiled partridge or boiled chicken, mutton chop, grilled in the air and without fat, roast joint of mutton. Roast joint of mutton is the promised land of the convalescent. When he arrives at that it is a matter of time and strengthening the stomach by occasional tonics for him to come to the digestion of anything within the scope of his birthright; and even if he has to stop at roast joint of mutton he will stop at a very good thing."

In regulating the diet impress upon the patient the necessity of observing the subjoined rules:

1. Enjoin frequent and regular eating in the majority of

cases. It was a remark of Sir William Temple "that the stomach is like a school-boy; if idle, always in mischief." The deduction drawn from this is to keep the stomach moderately employed.

2. Let the diet be simple, always consisting exclusively of one article.

3. Drink little or nothing while eating.

4. Exercise should not be permitted directly after eating.

In many cases a voracious appetite attends this affection; but in the majority of cases there is very little inclination to eat; and under these circumstances it will not be amiss to attend to the following particulars for the purpose of exciting the appetite:

1. Do not let the patient know what he is to eat.

2. The food should always be cold; when hot the odor sometimes destroys the appetite.

3. The dishes should always be small, for nothing is more distressing to a patient with a delicate stomach than a large dish of meat set before him.

These circumstances, though apparently trivial in their character, are very important and deserve recollection.

In regard to drinks, water, as a general thing, is to be preferred to any other. In some cases good porter answers exceedingly well, yet it often proves injurious. Beer, port wine, and undiluted liquors should never be given, as they almost always sour on the stomach and disagree with the patient. Pure old Jamaica rum, well diluted, when the patient has been accustomed to the use of distilled liquors, is sometimes admissible in very small quantities; but the physician should be very careful that it be given sparingly.

In some instances much advantage may be derived from directing remedies to the system generally. For this purpose the warm, sea, or Turkish bath should be employed once or twice a week. The cold bath, in many cases, is equally useful. Tonic remedies are also often required.

Exercise, particularly on horseback, constitutes an important part of the treatment, which will alone sometimes accomplish a cure. Walking is also beneficial. You may also permit and even encourage the patient to visit some of the watering-places. By this means, as the saying is, "you kill two birds with one stone." For, independent of the pleasure derived from the jaunt, the patient will be benefited by the exercise, and the mineral springs, by their tonic properties, have a salutary influence. Many persons have been cured by visiting Saratoga and using the waters there in moderation.

Every practitioner is well acquainted with the great sympathy which subsists between the alimentary canal and the surface of the body. The propriety therefore of keeping the body warm is very evident. Too little attention is paid to clothing. It being of the utmost importance in preserving the warmth of the surface, flannel should be worn next the skin. The utility of this practice in affections of the bowels is well known, and it is no less useful in chronic diseases of the stomach.

But what will all that has been said avail if the remote causes are not avoided, and if the patient does not renounce those habits and pursuits which, either directly or indirectly, have a tendency to keep up the disease? If the patient be intemperate, let him return to a regular and sober life. If luxurious, let him reform his habits. If indolent, he should be roused early to enjoy the salubrity of the morning atmosphere and awakened to enterprise. If studious, let him abandon his midnight lamp. The patient never should be allowed to despair. On the contrary, always encourage him with an expectation of recovery, arousing his hope, and encouraging his faith in the future; and there is hardly a case which may not ultimately be relieved or entirely cured.

NEW YORK.

Reviews.

On Bone-setting (so called) and its Relation to the Treatment of Joints crippled by Injury, Rheumatism, Inflammation, etc. By WHARTON P. HOOD, M. D., M. R. C. S. London and New York: Macmillan & Co. 1871.

The readers of the London Lancet will remember the papers on bone-setters and their works contributed to that sterling periodical, in the spring of 1871, by Dr. Hood. These papers, with such additional matter as he could command, have now been republished by their author in a separate and attractive form, and really make very pleasant reading about a subject of much practical importance. Dr. Hood gathered the materials for his work from the late Mr. Hutton, a famous English bone-setter, who, in consideration of professional services rendered him by Dr. H., both explained and showed him all the details of his practice as a bone-setter. Mr. Hutton's death having released our author from any scruples about revealing what he had acquired from him, he gives in the present work an account of the salient features of a bone-setter's method of procedure in the treatment of damaged joints, of the results of that treatment, and of the class of cases in which it was successful. The information conveyed by Dr. Hood is not of the kind found in ordinary surgical teaching; but nevertheless, as he remarks, "is, when guided by anatomy, of the highest practical value, as well in preventive as in curative treatment." All who are interested in surgery should read the book, not only to acquaint themselves with the means by which crippled joints may often be cured, but that they may be brought "to reconsider some of those traditions

about rest and counterirritation which have been handed down to them through successive generations of surgeons." The volume is illustrated by seven well-executed wood-cuts.

Notes on the Treatment of Skin Diseases. By ROBERT LIVEING, A. M., M. D., Cantab. Second edition, with additions. London: Longman, Green & Co. 1871.

Works on skin diseases continue to multiply and increase on the earth. The first edition of the little work of Dr. Liveing, some copies of which found their way to this country, we read with pleasure, and, we hope, with profit. The author is to be congratulated on its so soon reaching a second edition. The present volume is really an exceedingly convenient note-book of cutaneous medicine, and contains what will be most welcome to the reader who has not been a life-long student of dermatology; namely, an excellent glossary of the terms employed.

Clinic of the Month.

EXPOSURE OF THE CORD AND EXTENSION BY STRETCHING OF THE FOUR LOWER CERVICAL NERVES FOR THE RELIEF OF ANÆSTHESIA AND CRAMPS.—This operation, which is without analogue in surgical literature, was performed by Professor Nussbaum on a soldier, aged twenty-three years, who had received a stroke upon the elbow and back of the neck from the butt of a musket. An abscess developed on the nape of the neck, but healed in fourteen days. In consequence of these two injuries a spasmodic contraction of the left pectoralis major and minor, and all the flexors of the left arm, fore-arm, and hand, developed. The contraction of the muscles was so powerful and constant that it was impossible with the greatest force to straighten the fingers and the elbow at the same time. Sensibility was very much reduced, but still not entirely absent. Needle punctures were not felt on the dorsal surface of the fore-arm, but deeper incisions gave rise to a light degree of pain. When the patient was brought under profound chloroform narcosis, which was tried on several occasions, all the spasmodically-contracted muscles could be straightened, as is always the case in spasm, and fastened straight to a board; but long before the patient was recovered, while still perfectly devoid of feeling and consciousness, the spasm returned with such violence that the board would have caused deep wounds in the skin unless at once removed. A few hours after chloroform narcosis the patient became unconscious in light degree, upon which spasmodic muscular contractions of the whole body supervened to last, however, for but a few minutes.

As cause of these phenomena mentioned, the author considers, based upon an examination by Prof. Voit, an irritation of the motor branches of the four lower cervical nerves, with slight affection of the sensitive roots, but central origin in the cord itself. Since now the various agents (narcotics, strychnine) which act upon the spinal cord seemed to injure rather than benefit, the author concluded to make an attempt at relieving this agonizing condition by exposing the affected nerves and subjecting them to physical tension. He was led to this operation in consequence of the fortunate result attained in the case of resection of the elbow wherein the extension of the ulnar nerve, which occurred during the operation, relieved for ever afterwards a previous spasmodic contraction of the ring and little fingers.

The patient, who had already been subjected to the most diversified treatment without effect—having even been considered as a malingerer, and having been treated by the author himself, by subcutaneous section of several strongly-contracted tendons, with only very temporary benefit—declared himself ready for any kind of an operation.

Having been brought then (February 15th) under the most profound narcosis consistent with safety, the author made a long incision (three inches) over the elbow just above the ulnar nerve, which was soon exposed. This nerve was then lifted out of its bony furrow, gently stretched, and again reposited; whereupon the wound was cleansed and united. Next the author made a section in the axillary cavity just over the axillary artery likewise three inches long. Here he isolated the whole nervous plexus about the artery, dissecting away the thick nerve-trunks from their various adhesions. In effecting this he separated both cutaneous and muscular nerves, an operation of great difficulty; yet the median, radial, and ulnar were recognized by the strong muscular contraction which followed upon their extension. This wound in turn was cleansed and closed by suture. Finally the author made

a transverse section three inches long over the convexity of the left clavicle, separated the platysma, and dissected out with two pairs of forceps the inferior cervical spinal nerves. These he raised out with his fingers, extending them in the act of elevation, and followed out each one with the point of his finger up to the vertebral column, an operation more easily effected than was anticipated. Having reached the spinal column he pushed them up and down, to the right and left, exercising a light degree of force in each direction, as if he would draw the nerves from out of the spinal cord. During these manipulations violent contractions of the left arm and pectoral muscles again occurred. The stretching finished, the nerve-cords, which were now looser but else apparently normal, were replaced as nearly as possible in their old positions. Two small cutaneous vessels required ligation, whereupon this wound in its turn was cleansed and closed as before.

The patient awoke slowly from his narcosis. The forearm and fingers could now be stretched and bent with ease. The cutaneous surfaces, which before could be penetrated with needles without sensation, possessed now a sensibility so delicate that the patient could perceive the touch of the fingers. With the most profound amazement the patient stated that he could now play with his fingers for the first time since the stroke of the musket.

His condition after the operation was not very good, as the chloroform made him very sick, and pains soon supervened in the different wounds. These were not marked in the elbow and axilla, but were severe in the neck, where the operator had followed out the spinal nerves and stretched them with his finger. His countenance presented extreme anxiety, which had hitherto never been observed nor experienced; but the result surprised and rejoiced him to such degree that he was in continual fear that his old pitiful condition would again return. From hour to hour, however, he

became better and better. The muscles before contracted to strong hardness softened day by day, and his spirits brightened accordingly. Sensibility became more and more delicate. For some little time after the narcosis light convulsions and slight loss of consciousness were still manifest.

On the second day after the operation it became necessary to reöpen the cervical wound to give vent to an accumulation of a sero-purulent secretion. The wound was well cleansed with a very weak solution of carbolic acid, drainage was established, and cold applied. As the hospital was full of patients suffering with pyæmia and hospital gangrene, the patient was supplied with a respirator provided with a piece of wool saturated in a weak solution of carbolic acid, to be kept over the mouth and nose. He soon objected to this procedure, however, pretending after four or five hours to be suffering from pains in the chest.

In further course there was nothing special to mention. The patient's condition remained in every sense comfortable; and it is hoped that baths, good nourishment, galvanization, and gymnastics will fully restore him to health.

Finally the author remarks that from this experience exposure and stretching of the facial nerve in obstinate facial spasm deserves a trial, as well also might the application of this method to the respective nerves be of service in cases of hyperæsthesia.

Treatment of Dropsy.—Dr. Frederick T. Roberts, one of the physicians at University College Hospital, London, communicates a paper to the Practitioner on the treatment of dropsy, in which, after calling attention to *rest* and *position, general and local baths, regular and systematic pressure* as useful means, he advocates *early and, if necessary, repeated paracentesis abdominis in appropriate cases of ascites.* Tapping in ascites has been generally regarded as a mere palliative. Dr. Roberts declares it to be often a means of permanen

cure. The cases in which the operation is justifiable as a method of treatment are those which are most frequently met with in practice, viz., where the ascites is the result of cirrhosis of the liver. In such a condition this becomes the *chief symptom* after a time, and the main object of our treatment is to take away the fluid, and thus give relief to the misery and discomfort which it produces. Experience proves the utter uselessness of medical agents in effecting this object, and on this account we are the more justified in proceeding to carry it out directly by operation, if it can be shown that this gives any fair chance of success. When the ascites is but a part of the general dropsy of cardiac or renal disease, of course paracentesis can do no permanent good, and therefore should only be performed if absolutely required. At the same time presence of renal disease should not deter us from the operation, should this exist associated with cirrhosis, though it will necessarily render the case less favorable. Again, if ascites is the result of some cancerous tumor pressing on the portal vein, or of a definite cancer or tubercle in the peritoneum, the operation can only afford temporary relief.

In cases, then, of *ascites due to cirrhosis of the liver* it seems to Dr. R. to be a mere waste of time and of the patient's powers to continue a long course of purgatives, diuretics, and diaphoretics, especially as these can not be absorbed at all when there is such a condition of things within the abdomen, and they are much more readily taken up after the removal of the fluid; but he thinks much reliance is not to be placed on them, and would rather urge the performance of paracentesis as soon as the abdomen has become tolerably full, the operation being repeated again and again should the fluid reäccumulate.

In the three instances brought forward by Dr. R. he has not seen any ill effects from the operation itself when proper care was exercised, nor did its repetition at all weaken the patient. It is not advisable to take the whole of the fluid

away, and if it collects again it is best not to wait until the abdomen has become much distended before proceeding to its removal. Of course it is necessary to maintain the patient's health by means of nutritious diet, and, if necessary, stimulants may be given as well as tonic medicines.

The explanation of the good effects of this treatment is evident enough. Communications normally exist between the portal system of veins and the general venous circulation, while new channels are formed in the adhesions which arise; thus the blood, instead of passing through the liver, is enabled to return through these normal and abnormal communications, which enlarge considerably, provided we can keep the patient alive for a sufficient length of time and relieve the great tension of the vessels, and consequently after a time no further dropsy occurs.

It appears highly probable that the employment of methodical pressure might be advantageous in conjunction with tapping; that is, as soon as the wound is sufficiently healed, the abdomen might be tightly bound, and thus be prevented from refilling. Dr. R. tried this in two cases, in which it proved successful.

Dr. R. concludes by recommending early puncturing of the legs, and sometimes in œdema of those parts. He thinks this measure is often too long delayed, and thus does not give the relief which it is capable of affording. This is particularly true in cases of cardiac dropsy, where a few punctures, repeated for some days, may give material help in removing the fluid altogether, at all events for a time, by relieving the over-distended vessels, and thus enabling them to absorb. Of course permanent benefit is not to be expected in these cases; but it is a great thing to relieve the very unpleasant feelings associated with this form of dropsy. In the case of the legs it is below the knee that the punctures should be made, as if they are made above this point urine may come in contact with them and lead to erysipelas. It is unnecessary

to make large incisions, the punctures produced by ordinary hair-lip pins answering very well. Several may be made at intervals in dependent parts, also on the dorsam of the foot, if required; and they may be repeated, if necessary, so long as there is no sign of irritation. It is advisable to wrap up the limbs in cotton-wool and flannel, which should be frequently changed. As regards the scrotum, this may be punctured in several points on both sides, and then well fomented. Great care must be taken to keep this part clean. In some cases the operation causes it to become indurated, and this condition resists the further accumulation of fluid.

External Application of Cold in Hyperpyrexia.—Dr. Straus, of Strasbourg, after an exhaustive study of the subject of the treatment of hyperpyrexia by the external application of cold, from the time of Hippocrates down to the present day, says if a healthy man be placed in a cold bath he speedily becomes chilled, his skin pale, *cutis anserina;* he shivers, and the thermometer in the axilla falls in proportion to the coldness of the water employed; but if the temperature of the interior of the body be taken in the anus, this is found to be normal, or only to fall a few tenths of a degree, and it only falls in any important degree when the experiment has been pushed to an extent which dare not be approached in therapeutics; but then the innervation of the heart and lungs becomes seriously implicated, and the bath can not be prolonged without compromising life itself. A sound man, therefore, plunged into cold water maintains the mean normal temperature of his blood notwithstanding the increased abstraction of heat from his surface, and he does so by an increased production of heat, which persists for a time, and is revealed when he is removed from the bath, dried, and clothed, by the production of that transitory febrile state termed the reaction, which is accompanied by a cutaneous temperature above the normal. Similar results occur in pathological conditions. A

fever patient does not merely retain more heat than a healthy man; he produces it. Instead of 37° C. his normal temperature is 39° C., or higher; and if he be plunged into a cold bath the results are similar. The cutaneous temperature is speedily brought down to that of the bath. The anal temperature falls only in a relatively insignificant amount, never more than one degree; and when removed from the bath the reaction occurs as in the physiological condition, so that at the end of two or three hours at the most the initial temperature is attained or even surpassed. Even supposing, then, that this trifling and temporary lowering of the temperature of a maximum of one degree, and lasting at the longest for two or three hours, should be considered desirable of attainment, it would be necessary to give the patient from ten to fifteen baths in the twenty-four hours, involving a most laborious practice for the attainment of a most trifling result.

There is one point, however, remarks Straus, upon which all the partisans of cold are agreed, and that is the sedative influence which the cold bath exercises upon the affections of the nervous system, and that this use of cold is most efficacious in delirium, cerebral affections, cephalalgia, singing in the ears, etc., and that it has thus a most favorable action in the malignant forms of fever, especially in the ataxic and adynamic forms. But, adds Straus, similar results have been obtained with much more certainty and energy by Currie's old method of cold affusion, which is more especially of the greatest value, and is especially indicated in an accident of extreme gravity which occasionally occurs in fevers—collapse.

It sometimes happens, during the course of a fever, that when the thermometric ascension has reached its height the temperature taken externally experiences a sudden fall from 40° or 41° to 32° or 34° C., while the anal temperature still retains its normal height. The skin is at the same time covered with a cold and clammy sweat, the heart contracts feebly, and the pulse becomes extremely feeble and thready. Such

is the condition to which Wanderlich and his disciples have given the name of collapse.

The skin is chilled because the heart no longer has the force necessary to impel the circulation through it. The heart is paralyzed, and the lungs also, as seen in the short, superficial, often unequal and intermittent, respirations, and revealed on auscultation by the gradually-increasing engorgement of the lungs and the accumulation of the bronchial secretions, which the patient has no longer power to expel, exactly as happens after section of the pneumogastric nerves. And this collapse no doubt does arise from paralysis of those nerves, or rather of those nervous centres which preside over the functions of respiration and the production of heat, and it is these centers which it is so important to rouse by reflex excitement. The readiest method of doing this is the cold douche. A water-proof sheet is slipped under the patient, his shirt is removed, and he himself raised to the sitting posture, and a pitcherful of water, at a temperature at or a little above 10° C. (50 F.), is then poured over his head from a height of from one foot and a half to three feet. The result is marvelous, and is one often—nay, almost daily—observed in the clinique of Professor Hirtz. The patient, plunged in stupor, is suddenly roused by the shock; he draws a long breath; the respiration becomes fuller, freer, and more regular; the cardiac ataxy ceases, and the pulse becomes fuller and stronger. Traced by the sphygmograph during the collapse, it presented a horizontal line hardly broken by a few feeble undulations. During the affusion the line of ascension is reproduced and becomes well marked, showing increase of cardiac force and also of arterial tension. The affusions should be repeated during two or three minutes. When finished, the patient is dried, laid down, and covered up, the water-proof being removed. The thermometer now applied in the axilla shows that the external chilliness has disappeared, and that the temperature there is now normal or even

higher, the anal temperature being considerably reduced. The temperature has, in fact, been redistributed, and the equilibrium between the external and internal temperature restored, the rupture of which is in a measure characteristic of the condition of collapse. The lungs too are now found to be acting freely, the räles are diminished, and the passing congestion is disappearing.

It is easy, however, adds Straus, to understand the physiological action of this mode of treatment. Cold employed in the form of affusion—that is, quickly and temporarily—acts not by subtracting heat, for the amount actually removed is perfectly insignificant, but by exciting, by its powerful and energetic reflex action, the nervous centers which preside over and regulate the circulation and production of heat. While acknowledging, therefore, the utility of Currie's cold affusions in febrile nervous affections, delirium, ataxy, and even in collapse, and also the advantage and propriety of cold sponging in refreshing the patient and in cleaning and exciting the skin, Straus regards the use of the cold bath in the treatment of fever as a most expensive, troublesome, and possibly dangerous mode of producing very trifling results, and as far inferior to the use of such antipyretic remedies as quinine and digitalis, adding that a single draught of one gramme (fifteen grains) of digitalis would lessen the fever more than a whole series of cold baths. *(Bullétin Générale de Thérapeutique Médicale et Chirurgicale.)*

The Wet Sheet in the Acute Exanthemata.—The first effect of this proceeding—that, namely, of rolling the patient up in sheets wrung out of cold water, and surrounded by a woolen cover or dry sheet—is to powerfully excite the whole nervous system. Heat is withdrawn from the body in proportion as the temperature of the skin and that of the wet cloth approximate, and this again leads to a steady flow of the internal temperature toward the skin. If the body remain

enveloped for a still longer period, so that the temperatures of the body and of the cloth have become equalized, a more or less abundant excretion of sweat occurs as a result of the cutaneous hyperæmia. On this increased excretion of sweat Steinbacher lays special stress, contending that by its means the special poison of the disease is eliminated from the body. In order to determine whether this supposition be correct, M. Hofmann treated a child of four years of age suffering from a severe attack of the measles in the hydropathic fashion, but placed upon its chest a fine piece of linen; and after the child had lain for two hours in the wet cloth, and had perspired freely, the piece of linen was removed, and the sweat expressed from it received into small tubules. M. Hallier, at Jena, found the micrococcus abundant in the fluid, and at once instituted experiments, the results of which are not yet published, to determine whether this micrococcus will propagate the disease of measles. If this be found to be the fact, it will tend to show that the hydropathic plan of treatment is well adapted for the rapid removal from the body of the parasitic organisms. M. Hofmann has adopted this method of treatment with good results in many severe cases of measles and scarlet fever, even when the patients were in the first instance comatose; and has observed not only that the febrile symptoms are rapidly subdued, but that the convalescence of the patients is much quicker than under other plans of treatment. The particular mode in which M. Hofmann applies the wet cloths is perhaps worthy of being stated. In those slighter cases, he says, in which the temperature of the body measured *in ano* does not exceed 50° C., and the brain is clear, he envelops the patient only from the axilla to the hips in the wet cloth, which is thus applied: the patient is made to sit up, and a folded towel is spread across the bed behind the back; an equally broad and long soft linen cloth, folded six or eight times and wrung out of cold water, is placed on this, and is again covered by a fine piece of cambric or muslin.

The patient is then told to lie back, and the cloth is folded as tight round the patient as possible and secured by a bandage. The dry cambric next the skin is only to prevent the disagreeable impression of cold, and children make no complaint. The patient is retained in the wraps for one or two hours, according to the temperature, and they are then reäpplied, freshly dipped in cold water; and this is continued until the temperature of the body falls to 38° or 38.5° C., which usually happens in from two to four days. He then directs the patient to use a warm bath daily to promote desquamation, and considers him well in about eight days. In more severe cases, where the temperature of the body rises above 40° C. and comatose symptoms are present, he envelops the patient in from two to four wet cloths, and covers these with wool. In the early period they are only allowed to remain on for fifteen or thirty minutes, and are then renewed after the lapse of one or two hours. Subsequently, in order to promote perspiration, they are allowed to remain longer on the cloths—that is to say, from one to two hours—and they are applied less frequently, as from two to three times daily. As often as the patient is removed from his envelopes, in order to maintain the cooling effect, the whole body is sponged freely with cold water; or, if the comatose symptoms are well marked, he is placed in a bath of lukewarm water and cold water poured over him till slight shivering is induced. He is then quickly removed to bed, and as soon as the temperature has again risen the whole procedure is repeated. As the febrile symptoms diminish, the method of partial investment above described is adopted. A good deal in respect to the temperature of the water in which the cloths are dipped, the length of time, and the frequency with which they are applied must necessarily depend upon the age and strength of the patient, the degree of the fever, and the discrimination of the medical attendant; while judicious medicamentation (though but little of this is required in slight and uncomplicated attacks of

measles and scarlet fever) is in some cases a very necessary adjunct to the hydropathic plan of treatment. *(Zeitschrift fur Parasitenkunde.)*

A New Means of Combating Muscular Contraction.— Every one is familiar with the resistance offered by muscular contraction in the reduction of dislocations or of fractures with displacements of the fragments. To avoid this difficulty resort is had to reduction as soon after the accident as possible to profit by the condition of stupor existent at that time. After this period etherization is necessary. M. Broca, however, has devised a means which is void of the inconveniences of anæsthesia. It is compression of the principal artery of the wounded limb. The muscles deprived of the blood necessary for the exercise of their functions, by compression of the brachial or femoral arteries, are unable to contract. *(Lyon Médicale.)*

Dr. Wm. Richardson's Treatment of Diabetes.— Dr. Richardson *(ibid.)* was himself attacked ten years ago with diabetes. After a prolonged trial of the most approved remedies he was fortunate enough to hit upon a plan of treatment by which he has been cured, and by which also other diabetic patients have been much benefited. The essential features of this plan are the employment of regular and steady exercise, ablution of the skin daily with soap and water, the use of a bath, containing a table-spoonful of carbonate of soda, twice in the week; exposure of the surface of the body as far as practicable to sunlight, and the continuous use of iron, which he uses in the form of tincture of the perchloride in four or five-drop doses, with one or two drops of tincture of nux vomica and eight or ten grains of chlorate of potash three times daily. He is an advocate of a restricted diet; but when the plan of treatment which he suggests is carried out fully he finds that a considerable amount of relaxation as regards food is not injurious. He regards the sudden adoption of a very restricted diet as likely to prove highly

prejudicial. Dr. Richardson's present dietary is sufficiently liberal, and, besides meat, includes brown bread, with plenty of fresh butter, macaroni, and rice, potatoes sparingly, and occasionally a little dry fruit. Even a few glasses of champagne occasionally he does not find at all injurious.

THE ANTISEPTIC TREATMENT OF SMALL-POX, about which a good deal has been said and written the past few years, was discussed at a recent meeting of the Medical Society of the College of Physicians of Dublin, Ireland. Dr. Grimshaw said his experience was altogether against antiseptic measures. He had treated a large number of cases with antiseptics, and in no case did he find that the amount of stimulants required was less than that required in cases not treated antiseptically, and this he looked upon as being in a great measure the test of the success of the treatment. He had not probably tried the antiseptic treatment as extensively as Dr. Foot; but he had tried it in some thirty-five or forty cases, and he had that day gone roughly over the cases that were thus treated in the Cork-street Hospital. There were twenty-three cases which he treated with sulpho-carbolate of iron, which he looked upon as having a *prima facie* character of being the best antiseptic medicine. Of those cases there were ten which he might almost throw out, because, although at first they set in furiously, he thought from what he knew of the disease, whether treated antiseptically or not, they would have turned out well. That left thirteen cases. Of those, three died; two of them being purpuric and one ordinary confluent small-pox. When he compared this with the bulk of the cases he had treated by other methods he did not find any difference. He did not rely altogether on antiseptic treatment in those cases. There were some of them in which he had used stimulants in very considerable quantities, in some cases administering twenty ounces of wine and eight ounces of whisky in the twenty-four hours.

The treatment of delirium was not an easy matter. In most of the cases he had met with it was of a troublesome though not dangerous character; but, though the rule, this was not always the case. They had had in Cork-street and also in Stevens' Hospital some most furious cases, some which threatened destruction to all around them. One patient assailed every one he could get near. He did not see any other way of treating such patients except by physical restraint. He thought it the most merciful plan toward the patient to secure him at once from doing mischief. When he got a furious patient secured in his bed he applied a couple of leeches to the temples and gave him a dose of chloral. The patient then went to sleep, and while asleep the tyings were removed, and it was unnecessary to restore them.

As to purpuric cases, which from the time of Sydenham downward were considered hopeless, he had recently seen instances of recovery. Such were no doubt rare, and were never of the most intense form; but he had seen some with black spots and hemorrhage in which there was recovery. The plan he had adopted in those cases was the administration of a considerable amount of stimulant combined with turpentine and ergot of rye. In one case, that of a woman, ordinary stimulants had failed; but when ergot of rye was adopted it seemed to take effect at once; the hemorrhage was stopped, and the patient rallied, and subsequently died from an affection in her throat, and not from debility. He had found other cases rally when ergot was administered. In one case of violent uterine hemorrhage, where the woman had been delivered while suffering from small-pox, the patient recovered. At present he had a patient who was admitted with black spots. He had expectorated blood, and had passed some blood from the bowels and from the nose. That patient was now convalescent. This was the only case in which there were purpuric spots and hemorrhage combined that he had seen recover. In another case, which he treated by zylole,

the black spots disappeared, but the patient died. It was quite possible therefore that these cases, which were generally considered hopeless, might recover. He wished to impress on members the value of leeches applied to the temple, the head, the angle of the jaw, and above the larynx. The furious delirious cases to which he had referred were persons who had been previously addicted to habits of intoxication. A great many of the purpuric cases were of the same class of people. Dr. Foot had described cases as those that were confluent, or as bad as if they were confluent. Now, there was a class of confluent cases which, if he might be allowed the expression, he would say were not as bad as if they were confluent; that was cases of vaccination where the rash came out confluent, but did not suppurate. The secretion assumed a sort of warty appearance, like elephantiasis. These cases were not dangerous, and they were liable to give rise to a mistake as to the result of treatment. Those were cases where the antiseptic treatment ought to prevent suppuration. He might mention that in some of the cases in which he tried the antiseptic treatment the patient had boils, which he thought the antiseptic treatment should have controlled.

Dr. Darby said his experience of this disease coincided altogether with that of Dr. Grimshaw, and he agreed with him from first to last in everything he had said. He entirely approved of his suggestion about leeching. He did not find the delirious cases were as fatal as those in which there was no delirium at all, and he did not therefore think delirium was a bad sign. He agreed with Dr. Grimshaw as to the necessity of timely restraint. With regard to purpura, he had not seen many cases, but he had never seen a case recover in which there were both hemorrhage and black spots. He had, however, seen some recoveries in cases in which there were black spots only. He did not believe in the antiseptic treatment at all. There was only one disease in which general septicemia occurred. He had, of course, seen gangrene

of large portions of the body occurring from various causes, but the disease to which he referred was purpuric fever, which he believed was septic. He had seen a patient having a gangrenous smell and be putrid before death; but, with that exception, he never saw in the sick-bed while the patients were alive, or in the dead-room after they were dead, any evidences of putrefaction beyond that which occurred in the ordinary course of nature. He did not think patients dying of typhus fever or small-pox putrefied in the dead-room sooner than if they died of other diseases. He had never, he repeated, seen putrefaction in the living subject, with the one exception of purpuric fever, and in that case he had seen patients with the unmistakable physical signs and smell of gangrene before they were dead.

Dr. Hayden observed that he had tried the antiseptic plan of treatment pretty largely, and was not satisfied with the result. He had tried it in the form of sulphurous acid, sulpho-carbolate of sodium, sulpho-carbolate of iron, and he could not say he was satisfied with the treatment. In the majority of instances these agents sickened the patients, and rather than forego the benefit of nutriment and stimulants he was obliged to discontinue their use. He fell back ultimately on the old plan of treatment by perchloride of iron, in doses of from fifteen to thirty drops, largely diluted, every second hour, and under this plan of treatment some of the patients had recovered.

Delirium he had frequently witnessed, and he was quite of the opinion that the best remedy for it was the application of leeches to the temple in many of the cases. As a soporific he had found bromide of potassium and opium combined the most effectual, twenty grains of the former and eight to ten minims of the liquor morphiæ hydrochloritis of the Pharmacapœia of the latter. He could not agree with Dr. Grimshaw that chloral was an agent that would succeed in these cases. He had found it aggravate the delirium. Opium also failed,

and the only treatment he had found of use was leeches to the temple, and a combination of bromide of potassium and morphia.

There appeared to be an impression that a hemorrhagic case was necessarily fatal, but his experience did not sustain that view. He had had seventeen hemorrhagic cases under his care, in all of which hemoptysis, hematemisis, or menorrhagia were combined with discoloration of the surface; sometimes large bullæ, and the surface colored purple, especially on the neck, legs, and hips. Of these cases four had recovered and thirteen had died. The treatment he had invariably adopted in these terrible cases was perchloride of iron. At present he had two hemorrhagic cases which he was treating with chlorate of potash, in order to compare the result with those of the treatment by perchloride of iron.

Dr. Davys observed that the idea he had formed of the affection of the throat was that it was a form of diphtheria resulting from a poisoned condition of the blood, and he had found very great benefit in such cases from local applications of muriate of iron. In every case in which leeches were applied the condition of the patient was lowered, the disease was greatly aggravated, and the patient died.

Dr. Henry Kennedy said: "I believe that the treatment of the present epidemic ought to be essentially of the same character as that of our common fevers; and this leads me to speak of one of the new medicines which have been used for the disease; I mean the sulpho-carbolate of sodium. This is a medicine I would not use. I believe that the soda contained in it can not but be injurious. Physiology has taught us that alkalies impoverish the blood, and, on the contrary, that acids improve it. Besides, I have found that the sulphites and hyposulphites act badly in our common fevers. Hence I have been led latterly to use nothing but the acids, and among these I would specially name the sulphurous, which seems to me to be very useful. In the hemorrhagic cases I do not,

however, trust to it alone, but join with it the dilute sulphuric acid in full doses; to these again I add laudanum in small doses—that is, from three to five drops in each dose; nor have I the slightest doubt that it produces a soothing and beneficial effect. Out of two cases, in private, of the hemorrhagic class one was saved. It was a case I saw with Dr. Wyse, and the bleedings from the chest and uterus were very considerable, while the body presented a very large number of purpuric spots. On the use of aperients I would venture to advise great caution, even at the commencement of the attack; but still more so if the patient's life be prolonged to the ninth or tenth day; for then, as is well known, secondary fever is very apt to occur, and an aperient may determine the matter one way or other.

Dr. John Hughes said from his experience the confluence of the eruption on the trunk, as well as on the face and extremities, had much more influence in determining the issue of the cases than any treatment that could be adopted. He regretted to say he had seen no case terminate favorably in which the disease was confluent all over the body as well as on the face and extremities.

Dr. Gordon said that he had used the sulpho-carbolate of sodium in a great number of cases of small-pox, but had confined his use of it to those cases in which, in the early stage of variola, there was evidence of remarkable features of blood disease. He did not allude to purpura or hemorrhage, but such complications as did not belong to small-pox itself, such as congestion of the brain or lungs rapidly supervening in a very early stage of the disease. He found that after the administration of sulpho-carbolate of sodium there were two prominent results, so remarkable in many cases that he looked upon it as cause and effect, their being produced by that medicine. These were diminution of the pulse and reduction of the temperature of the body. In many of these cases the symptoms were most alarming, and the progress of improve-

ment was so rapid that in forty-eight hours after the administration of the medicine he was able to treat the disease as small-pox *per se* uncomplicated. As to laryngeal affections, which in his opinion had been the complication that had proved most fatal in the present epidemic, he had found leeching most successful, sometimes followed by counter-irritation, but always by poulticing kept up, as Dr. Stokes said, like a local vapor bath; poulticing in this way after the leeching proved most effectual. His experience had been different from that of his friend, Dr. Darby, as to the result of treatment in cases of small-pox complicated with hemorrhage and purpura. He had found most remarkable benefit in such cases from perchloride of iron. The time of the occurrence of the hemorrhages was most important as to prognosis. If they occurred before the development of the variola, they were almost always fatal; but if they occurred later, recovery was not unusual. The delirium in cases of small-pox he looked upon as not very unfavorable, except in those cases where it caused loss of sleep for a long time. In such cases he had found leeching of great use, but in the more severe cases he had found treatment with tartar emetic, sometimes combined with opium, very beneficial.

Dr. Hawtrey Benson said that no allusion had been made to the treatment by the bath.* He had recently treated an extremely bad case of confluent small-pox by this means. The pustules were not well filled, but were flat, and the face presented the appearance as if a wax-candle had been dropped over every part of it. During the secondary form the delirium became extremely troublesome, and the patient quite uncontrollable. For the previous twenty-four hours he had not been in bed for five minutes, and he had had no sleep for over thirty-six hours. Hypnotic remedies had no effect, and it was not possible to apply leeches or other applications to the head. With some difficulty he was placed in a slipper-

* See American Practitioner for April, 1872.

bath of the temperature of 98°, and he immediately exclaimed, "It 's glorious—it 's delicious—it 's delightful!" He became at once calm, collected, and obedient, and within fifteen minutes he ceased to have any delirium. After half an hour he slept in the bath for two hours, occasionally waking for a minute or two while fresh water was being added. The patient was kept in the bath for five hours and a half, being removed after that on account of headache, which supervened. He was then put to bed perfectly free from delirium, and with the help of fifteen grains of chloral (of which four times that dose had no effect previously) he slept uninterruptedly for eight hours. The case progressed from that out without the slightest check.

Dr. Law said that in seventy-six cases he had treated, of which eight were fatal, five of the latter being complicated with delirium tremens, the fatality chiefly occurred among the unvaccinated patients. Vaccinated cases, no matter how severe, went on favorably. Less importance was to be attached to small-pox occurring in vaccinated cases, except where it occurred with delirium tremens, then a combination of tartar-emetic and opium benefited the patient. The combination of bromide of potassium with opium had also a good effect.

The president, Dr. Hudson, said: "I first tested the sulpho-carbolate of sodium in a case of fetid abscess of the lung, and its extraordinary effect in removing almost instantly the fetor of the breath and expectoration led me to try it also in typhoid fever with septic discharges, decidedly putrescent in their odor. There its effect was equally marked. I was then led to administer it in cases of scarlatina and diphtheria, and with such successful results that I have since relied on it with more confidence than on any other treatment. Another point in regard to this medicine is its remarkable power of lowering the pulse and temperature. I may mention one very urgent case, that of a young man to whom I was called in the stage of invasion before the eruption had become well marked, where the

surface was intensely red, the temperature very high, and only a number of small spots, the size of a pin's head, had appeared on the body. I ordered him half-drachm doses of the sulpho-carbolate of sodium every three hours. The effect produced was most remarkable in regard to the pulse, the temperature, and the urgent cerebral symptoms. The gentleman was in a state of unconsciousness, almost of complete coma, perfectly mute, and remained in that state for twenty hours. He was given a dose of the medicine every three hours. In thirty hours from the time he took the first dose his pulse had fallen from 134 to 90. I have seen the same fall of the pulse in other cases. A very intelligent physician in China writes in regard to carbolic acid: 'I have tried the carbolic acid in small-pox, and with the most wonderful results. The first case was a tolerably severe one, with confluent eruption. His pulse was 140, respiration 60, temperature 102.4°. I gave him five-minim doses of the acid every three hours, and in six hours the pulse had fallen to 130, the temperature to 101°, and the respiration to 40. In twelve hours his pulse was 96 and the temperature 100°, and on the following morning the temperature was nearly normal, the pulse 84, and the respiration 30; and the man who on the previous day was almost in a state of coma declared himself nearly well, and went on to recovery.' I think that fact is worthy of being brought before the Society on account of the effect of carbolic acid with regard to the pulse and temperature being so nearly identical with that which Dr. Gordon and I have both observed and ascribed to the sulpho-carbolate. In a case of small-pox in which the patient was suffering from severe throat affection the application of leeches at the angle of the jaws was followed by great and permanent relief of the throat symptoms."

Notes and Queries.

FOREIGN HONORS CONFERRED ON AN AMERICAN SURGEON—DR. LEWIS A. SAYRE MADE A KNIGHT OF AN ANCIENT SWEDISH ORDER.—Charles, the King of Sweden, Norway, the Goths and the Vandals, has recently appointed our friend, Dr. Sayre, a Knight of the Order of Wassa. The grounds for this distinction are set forth in the following letters patent:

We, CHARLES, by the grace of God King of Sweden, Norway, the Goths and the Vandals, make known: whereas, we are informed of the meritorious attainments by which Lewis A. Sayre, Doctor of Medicine and Professor of Orthopedic Surgery in Bellevue Hospital Medical College, of New York, has always distinguished himself, we do hereby, in recognition thereof as a mark of royal grace and esteem, appoint him, the said Doctor Lewis A. Sayre, a Knight of our Royal Order of the Wassa, of which we are ourself Grand Master.

In witness whereof we have caused these letters to be made patent under the signature of our chancellor for [SEAL.] said Order, and the seal of our Royal Order of the Seraphim.

Dated at our palace, in Stockholm, this 18th day of April, 1872.

[Signed] G. A. SPARRE, Chancellor.
[Countersigned] R. WATCHMULLER.

The decoration which accompanied this letter is a beautiful jewel, consisting of a gold crown set with rubies, emeralds, and pearls, pendant from which is a Greek cross of white onyx adorned with precious stones.

It is at all times pleasant to see the services rendered by our countrymen to medical science recognized by foreigners, but it is particularly so in the case of Prof. Sayre, albeit the

honor has been bestowed by the chief of the Goths and Vandals.

CARTILAGINOUS TUMOR OF THE JAW.—At a late meeting of the College of Physicians and Surgeons of Louisville Dr. R. O. Cowling reported that he had removed a cartilaginous tumor which was singular both for its situation and its attachments. The growth had first appeared in the neighborhood of the parotid gland, and in one year had attained the size of a small orange, causing complete closure of the jaws. Upon removal it was found to spring from the malar and superior maxillary bones above, and the inferior maxillary bone below, extending from the coronoid process as far forward as the second molar tooth. An external incision was made, and the mass brought away with the gouge and chisel, taking off the external plates of the bones. The commissure of the lips and mucous membrane of the mouth were left intact. After the operation the jaws were forced open. The patient, a negro girl of fifteen, made a rapid recovery, the motion of the jaw being restored. The tumor on its lower fourth was covered by a thin shell of bone. The remainder of the growth was made up of numerous masses of varying size, held together by the usual areolar tissue.

Dr. D. W. Yandell, who had witnessed the operation, said he had never either seen or read of a cartilaginous tumor which had begun in one jaw, and moving directly across the space which divided the jaws had involved the other. The tumor in this instance was unmistakably attached to both jaws, and required as much work to detach it from the lower jaw, to which subsequently it seemed to have fastened itself, as it did from the upper jaw, where it originated.

Transfusion. Dr. Cowling also reported that he had performed the operation for transfusion of blood under the following circumstances. At the request of Dr. W. T. Humphreys, of Louisville, he had accompanied that gentleman to Bards-

town, Ky., to transfuse a lady who was sinking under anæmia dating from the birth of a child three months previous. Upon arrival at the spot he found the lady dying, but at the request of the husband he proceeded with the operation. Belina's instrument was used. No veins being apparent, the cephalic was dissected for, it being most constant in its situation. An incision was made just above the elbow about two thirds of an inch in length. The vein was readily exposed, when it was raised upon an aneurism needle, punctured with the scalpel, and the trocar and canula then introduced. A relative of the patient had agreed to furnish the blood, but unfortunately fainted when but little more than an ounce had been drawn. This, after being defibrinated, was introduced into the vein. It was thought that the pulse, which had been almost extinct, was slightly benefited by this injection. In the mean time Dr. Humphreys furnished six ounces more of blood, which were also injected. No visible effect followed, and the patient died in twenty minutes after the operation was completed.

Dr. D. W. Yandell stated that while he might have yielded to the request of the husband for an operation after having explained the hopelessness of the case, he thought surgery was injured by operating in cases in which there was not some chance of success. We should believe that we were either going to save or materially prolong life, not for a few minutes or hours merely, but for some important length of time. From disregard of this principle, in part, two most important operations in surgery had fallen into disrepute in Louisville. Ovariotomy had been so disastrous in this city that patients had come to distrust the skill of the home faculty, and are looking elsewhere for succor in such cases. This very month a surgeon is reported as coming from a distant city to cut for ovarian tumor; and not long ago we saw the profession itself, on this very spot, condemn tracheotomy after the report of another unsuccessful case. If our views of the pathology of leucocythæmia, under which this

unfortunate lady was thought to labor, are true, no good at any time could have been expected from transfusion in this case.

Dr. Cowling said he believed that a great misapprehension existed in the minds of the profession in regard to transfusion. He thought there was a general idea that it was a difficult and a capital operation, whereas it was among the simplest in the whole range of surgery, and eminently safe. The two great dangers to be feared were the clotting of the blood and the entrance of air into the veins. The first was avoided by defibrinating the blood. Death from the entrance of air has occurred in operations on the neck only, never to his knowledge from its introduction into the small veins of the extremities; and besides this, with Belina's instrument, when the trocar is not withdrawn until the canula is well in the vein, the entrance of air is next to impossible. The danger is still further lessened by transfusing through an artery, where the course to the heart is through the capillaries. His experience had shown him that the operation was as easily performed as that of bleeding. He said that in spite of pathology a case of leucæmia had been reported to have recovered after transfusion. In anæmia, chlorosis, and leucæmia together ten cases were reported in Drinkard's tables where transfusion had been practiced. Six died, three recovered, and one was favorable. He hoped that an operation so simple and safe would be resorted to oftener, and that statistics would be extended that we might form a just opinion of the merits of the procedure. In puerperal and surgical hemorrhage its value had already been demonstrated.

Dr. Yandell agreed that the mere operative procedure in transfusion was sufficiently simple, and, with defibrinated blood and the improved instruments for its introduction, was free enough from danger; but, with all that, the range of cases in which it should be practiced must remain exceedingly small, and for his part he should not resort to it except

under the general conditions he had named. He was glad to believe that transfusion is so simple and free from hazard as Dr. C. would picture it; for the operation is one which is still invested, both by the profession generally and by the people, with at least an uncertainty greater, perhaps, than that of almost any other in the whole range of surgery.

Fracture of surgical neck of humerus, and dislocation of the head of the bone forward. Dr. D. W. Yandell reported a case of this accident occurring in an adult male, the injury being caused by a fall from a height of twenty feet. The dislocation was easily reduced by manipulation after the patient was fully under the influence of chloroform; the fracture was then adjusted and secured by roller and Ahl's shoulder splint. The recovery was complete in a very short time.

Mechanical obstruction at meatus causing paralysis of the bladder. Dr. D. W. Yandell was sent for to go to the country, and requested to bring with him the instruments for sounding the bladder for stone. On reaching the patient he found an old man suffering from excessive vesical irritation—up every few minutes laboring to empty his bladder. He had been suffering in this way for six months. The night before Dr. Y. saw him his water had passed involuntarily, which circumstance had alarmed him and led to his asking for additional counsel. On exposing the penis the prepuce was found exceedingly short and fitting the glans tightly, with an opening not larger than a crow-quill. This state of the parts had followed on a long attack of remittent fever, which had occurred last autumn, and been attended with violent inflammation of the genitals. Soon after he began to experience difficulty in passing his water. The difficulty had increased, and had finally culminated as stated. Having failed to take his pocket-case, Dr. Y. had no sharper instrument with him than an ordinary pocket-knife. With one of the small blades of this he enlarged the preputial opening by several free incisions. A sound now carried into the bladder detected no stone, but

revealed the organ enormously dilated and filled with water. The patient being directed to pass urine voided a pint and a half, with a sense of immediate relief. He made a rapid recovery.

Enuresis cured by circumcision. Dr. Ulrich reported a case of enuresis in a boy, which, after having resisted long and well-directed treatment, was cured at once by removing a redundant prepuce with a very small opening.

Calculus in a female. Dr. Gale, a distinguished physician of Owen County, being present, mentioned that he had recently removed, by rapid dilatation, a calculus of the phosphatic variety from a female bladder. The stone weighed one ounce, and measured four inches by three inches and three eighths. The patient passed water naturally within thirty-six hours.

INDIANA STATE MEDICAL SOCIETY.—We were unfortunately unable to attend the recent meeting of this Society at Indianapolis. We remember with the liveliest pleasure the meeting of last year. Our vigorous and enlightened young neighbor state is pressing forward in the race for professional distinction with the same zeal which distinguishes all her movements, and medicine within her borders is being rapidly advanced by the robust and active men who constitute the membership of her State Society. It is not often that one has an opportunity to see such a body of broad-shouldered, deep-chested, and clear-headed workers.

There was a very large attendance at the late meeting, and many new members were enrolled. The president, Dr. Ayres, of Fort Wayne, delivered the annual address, which is spoken of as a most meritorious production. Essays were read by Dr. Woolen, on Parotitis; Dr. Hobbs, on Expert Testimony; Dr. Wright, on Diseases of the Eye and Ear; Dr. Munford, on Hydrocele; Dr. Houghton, on Malignant and Semi-malignant Growths; Dr. Van Nuys, on Arsenical

Poisoning; Dr. Thompson, on Anomalies of Refraction and Accommodation; Dr. T. M. Stevens, on Legal Medicine; and Dr. Waterman, on Secondary Effects of Medicine. Professor Parvin presented an abstract of the report on Medical Education of the late meeting of the American Medical Association. Dr. Joel Pennington, of Milton, was elected president; Dr. R. E. Houghton, of Richmond, vice-president; and Dr. G. V. Woolen, of Indianapolis, secretary. The Society then adjourned to meet on the third Tuesday in May, 1873. The volume of transactions will be noticed when it appears.

West Virginia Medical Society.— Dr. S. S. Jeslop has kindly sent us the daily papers containing the minutes of the proceedings of the West Virginia State Medical Society, which met in Wheeling, June 5th. The Society is in a most prosperous condition. Its meetings are well attended, its membership having increased one hundred per cent. since the organization of the Society five years ago, and embraces now most of the active working men of the state. The proceedings are to be published in book-form, and will contain papers which, judging from their titles and the names of their authors, will be of marked value. West Virginia embraces within her limits some of the best writers and thinkers in the profession in this country. Dr. R. H. Cummins, of Wheeling, was elected president for the ensuing year. After a spirited and generally harmonious session of three days, during which an excellent address was delivered by the retiring president, Dr. Lazzell, of Fairmouth, the Society adjourned to meet at Parkersburg on the first Wednesday in June, 1873.

Hydrocele cured by Carbolic-acid Injections. — Dr. P. E. Sandidge, of Edmonton, Ky., writes: "Having seen nothing during the carbolic-acid mania of the use of this many-sided remedy in hydrocele, I send the following note: In March, 1868, Mr. W., aged sixty-five years, observed the

tunica vaginalis of the right side to be greatly distended with a fluid. There was some fluid also in the left side. Both tumors were punctured, and the fluid withdrawn. That on the right side was darkish; that on the left was perfectly limpid. The sacs were now injected with the tincture of iodine, which was allowed to remain, and in due time the case was discharged cured; but the tumors gradually reäppeared, and in April, 1871, had acquired their former size. They were again emptied, the fluid in the right side being darker and thicker than before. I now threw into the vaginal tunic of this side, instead of the iodine, two drachms of Calvert's solution, No. 5, with a small quantity of water added, but repeated the iodine on the left side. The patient suffered some at the time, and complained afterward of fever in the right cord, with frequent erections. The left side gave no trouble. A brisk purge or two, rest and diet, with cooling lotions to the parts, straightened out matters, and in ten days the patient was dismissed. The right testicle and the right side of the scrotum were considerably retracted. The left testicle hung as usual. In January, 1872, the fluid had reaccumulated on the left side, the right being unaffected. The tumor was opened, contents evacuated, and carbolic acid injected as in August. The patient experienced much the same pain, etc., and had the same after-treatment. The testicle and scrotum of that side retracted as the right had previously done. Six months after the operation there was no sign of a return of the disease."